MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Diat. No

7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ALLEGANY County CUMBERLAND MD	PENNA BEDEOED
City or town (If outside city or town limits, write RURAL and give nearest town)	" BIFFAID MILIS
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Sireet No
minority inort time	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS.SARAH ADAMS	Mare
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	JULY 31,1947 5;03 A.M.
SAMUEL ADAMS	20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CENTEY that death occurred on the date above stated; that lattended deceased from
7. Sirth date of	ars 197 10 10
7. Birth date of deceased (mo., day, yr.) MARCH 8, /790	and that I last say the alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
57 4 23hrs.	in the state of th
PENNA	
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation HOUSEWIFE	16 FC week
In facilities in the facilities of the facilities in the facilities of the facilitie	Due to Just We Vous
11. Industry or business	
12. Name PENNA,	Dther conditions
14. Malden name. MARAH. MOWERY. 15. 8 tringlace PENNA.	(Include pregnancy within 3 months of death)
e DELINIA	Major findings of operations.
	as after pale of op.
16. Informant S. ADAMS	Antopsy results.
Address BUFFALO MILLS, PA.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burish Date thereof 8 / 3 / 49	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location mann's de laise PA	Injured at home, farm, Industry, public place (where?)
Wy - ()	Means of Injury Injured at work?
18. Funeral director	I Marie a room
Address Hundman Ja.	10 (Notuli
August 1 1 112 Wite Day The	23. SIGNATURE M. D. or other/
10 Med Well, 11 194 / While K. (NIMA, W)	BT Addrage comberley Bata stand

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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3. (b) Social Security Number

DURATION

CERTIFICATE OF DEATH

			CLIC	IIIICAIL
1. PLACE OF DEA	TH:			2.
county Allegar			***************************************	
City or fown Cun	aberland		********	Sta
(If or	itside city or town li		URAL and give ner	arest town)
How long in above place Hospital, Institution, or			•	
Memoria				St
How tong in hospital or	Institution?	62 da	VS	2.
3. (a) FULL NAME			7.0	4
3. (a) FULL NAME				
Mrs. Nar	ncy Alkire			
			e, married, widowed, o	divorced
Female	White	Wido	wed	20
		A 73-1		21
6.(b) Name of husband	or wifeIruma	nAlki.	re	
9 Br at date of			e) If alive, give age	years
7. Birth date of deceased (mo., day, yr) October	8,18	73	an
8. AGE: Years	Months		If less than one d	lay.
73	8	27	hrs.	min.
9. Birthptace5/2				rginia
1D. Usual occupation	Housewif	e		Ou
11. Industry or business		÷.	10,000	1
当 12 Name Kir	k Bride Ta	vlor		
当 12. NameKirl	Vifgi	-		
E To. Britishad	Louise R			
王 14. Maiden name				Ma
14. Maiden name 15. Birthplace		West V	irginia	
16. Informant Jalil	liam Mo	rela.	1 d	As
	d strea		. /	PH
	4			22
17. DUF.	or removal. Which?)	Date there	eof Tuly 7	lay) (year)
	, Mt. Unio		netern	W
			1 1 1	Inj
Location .h	1 1		Wilai	
18. Funeral director	John I	His	<u> </u>	Me
Address Cada	h. f. 10.	und	rud	
0 , V		111	- + DI	1- 52 23
19. July	7 19 4.7	Wu	My K. OVa	Registrar Ad
Date rec'd by reg	istrar) /		acura	Registrar Ad

2.	USUAL RESIDENCE	(HOME)	OF DECEASED:
	(For newborn infants	give residence of	mother)

County Allegany Maryland

Cumberland (If outside city or town limits, write RURAL and give nearest town)

9 Mullen St.

(If rural, give LOCATION)

n.
-none

20. DATE OF	DEATH	July	5	 		19	47	, at.	6:20	A
				 	16-1-6-11			4	A	

YSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following;

cident, suicide, or homicide.....

nere did injury occur?(City or town) (County)

ured at home, farm, industry, public place (where?)

Injured at work? ens of Injury

M. D. or other

Date signed.....

RESERVED MARGIN PLAIN is espec WRITE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	3-1	ny allegary
How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	(if outside city or town liftits. Sireet No	
3. (a) FULL NAME Ella arnola	1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married, widowed, or divorce	MEDICAL CE 20. DATE DF DEATH	90111 17 117
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h	dits 4 mo
10. Usual occupation	Biher conditions Stakelo (Include pregnancy within 3 m	Seneral Julius
14. Maiden nam 1. 14. Maiden nam 1. 15. Birthplace 16. Informant	Major findings of operations	Date of op
Address 17. (Burial, cremation, or removal, Whish?) Cemetery or crematory.	22. VIOLENCE: If death was due to exfernal cause Accident, suicide, or homicide	(County) (State)
18. Funeral director. Address	tinjured at home, farm, tindustry, public place (whemens of injury 23. SIGNATURE	thjured al work? M. D. or other
19. (Date need by peristrer)	Address Front Vice	9 m//nate signed way 1 4/94



05603

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Signal Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
county Allegany	State W. Va. County Tycker
City or town Cumber Land Md. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? about 9 hours	City or town Bluefield or Parsons (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 312 Princeton Ave.
Memorial Hospital	(If rural, give LOCATION)
How long In hospital or Institution? about 9 hours	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Eston Baughman	233-10-7418
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	To-1 E 10 10 1 0 5 1
	20. DATE OF DEATH. July 5 19 47, 4 . 05 A
6.(b) Name of husband or wife Katherine Burgess Baughma	
7. Birth date of	19
7. Birth date of deceased (mo., day, yr.) March 28, 1907	and that f last saw h_im_all Dead July 5 19.47.
8. AGE: Years Months Days If less than one day	Immediate cause of death Epidural hemorrhage DURATION
o. Aut.	due to a fracture of the skull about
40 3 7min.	from a fall due to an epileptic 10
9. Birthplace. Parsons W. Va. a. (Town, county, and state)	**seizure.Right side of skull hours
10. Usual occupation photographer	Due to Brain tumor, with hemorrhage
11. Industry or business	left side of brain, cause of
	na want epileptic seizures. ?
12. NameClaudeBaughman	пис зовинов 6 р.т.т. 6 р.т. 7
2 13. Birthplace St. George W. Va.	(Include pregnancy within 3 months of death)
E 14. Maiden name Sophia Fredrick	Major fiadiags of operations
14. Malden name Sophia Fredrick 15. Birthplace Pendleton Co. W. X Va 16. Informant Harry K Greenlief	
16. Informant Harry & Greenlief	Autopsy results As above
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Parsons W. Va.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, eremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide accident Date of 7-4-47
	Where did injury occur? Cumberland Allegany Md. (City or town) (County) (State)
Cemetery or crematory our way but var	
Location Cals an Miss Will	Injured at home, farm, Industry, public place (where?). Allegany
18. Funeral director of any to Granding	Injured at home, farm, Industry, public place (where?). Allegany. Co. Jai. Fell backward, struck head on Means of Injury Concrete Tloors By The Selzur Deputy Medical Examiner - Allegany
Address Parson West Var	13. SIGNATURE H. V. Deming M. D. H. V. Dening M.D.
1 1 1/2 With Panish my	M. D. op other
19. Kuth 19. 4 What Killiam Milliam (Date rec'd by registrar)	Address Cumbalend, Md Bate signed 7.2.5 /47.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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(D)	1000	& range.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 70 CERTIFICATE OF DEATH

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	Reg.	Diat.					

County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. W. VA County MINERAL City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
	Streef No. 15 PERRY ST (If rural, give LOCATION)
MEMORIAL HOSPITAL	
How long in hospital or institution? 11 HRS 55 MINUTES	2.(a) If veteran, name war
MEMORIAL HOSPITAL How long In hospital or Institution? 11 HRS 55 MINUTES 3. (a) FULL NAME JOHN BEAN JR	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE DF DEATH JULY 14 19 47 21 7:45 N
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that aftended deceased from
7. 8irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. WEEKS / 8	and that I last saw () have alive on the light of the last saw () have alive on the last saw ().
8. AGE: Years Months Days If less than one day	Immediate caose of death OURATION
7 WE-KS / / 8hrsmir	Rickets 6wks
9. Sirthplace	Due to. Due to.
11. Industry or business 12. Name TOHN BEAN SP	
.	Bither conditions (erebral Edema,
Z 13. Birthplace MARYIAND	flueralized described (Include pregions within 8 months of death)
14. Malden name MARIAN DUET.	
14. Malden name	Moor fiedious of operations.
Mr. John Bean	Actory vesoli Mesenteric adentis, Cerebral Eden
Address 14 Walnut St. Ridgeley, W. Va.	PHYSICIAN. Please underline the cause to which death should be charged statistically.
Address 14 Walnut St. Ridgeley, W. Va. Burial (Burial, cremation, or removal, Which?) Burial (Burial, cremation, or removal, Which?) Burial (Month) (day) (year)	77 VIOLENCE, It don't was due to external causes. Till in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory HillCrest Cem.	Where did injury occur? (City or town) (County) (State)
Location Cumberland, Md,	Injured at home, farm, Industry, peblic place (where?)
18. Funeral director Charles L. George	Means of injury Injured at work?
Address Cumberland, Md.	A 23. SIGNATURE / C LL CLUS DU MO
19. July 16 19 47 Wester R. Trank M. A. Care rec'd by registrary 19 47 Wester R. Trank M. Registra	Advectible lived Wed Date signed 1/4.4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/		4-1	CERTIFICAT	TE OF DEATH	<i>†</i>	
. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Allebany				(For newborn infants give residence of mother)		
City or town				State Maryland county Allegany	•••••	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Cif outside city or town limits, write RURAL and give nearest t	owni	
			······································	Street No. 322 N. Mechanic St.	0 11 11,	
Alle	gany Hospi	tal		(If rural, give LOCATION)		
How long in hospital or	institution?	5 day	g	2.(a) tf veteran, name war		
3. (a) FULL NAMI	E			3. (b) Social Security Numb	er	
		COYLE	EMORY BENNETT	173-14-4826		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Married	20. DATE OF DEATH July 14 18 47, 21	+11	
	Velma	(Scho	oley) Bennett	21. I CERTIEY that death occurred on the date above stated: that I attended deceased tr	om	
				0.1 6 .47.0.1.14		
7. Birth date of) If alive, give age 31 years	and that that camp ampling as the	19	
deceased (mo., day,)	m.) Decemb	er 11,		Immediate pause of death	DURA	
8. AGE: Years	Months	Days	If less than one day		M	
32	37	3	hrs min.			
010	ltown, Alle	gany,	Maryland	Due to.		
9. Birthplace	(Town, c	ounty, and s	tate)	Data territoria		
1D. Usual occupation	Tire B	uilder		Due to.		
11 Industry or busines	, Kelly Ti	re Com	pany	DUE 10.		
E 12 Nome Ve	ernon Benne	tt		Other conditions		
13. Birthplace	Clearvill	e. Pa.				
≤ 13. Siringrace	Nellie B			(Include pregnancy within 8 months of death)		
				Major findings of operations		
	Piney Cree			Date of op.		
16. informant Mrs	. Velma Be	nnett		Autopsy results		
			Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.	
The second	- 7			22. VIOLENCE: It death was due to external causes, fill in the following;		
17 Burial Date thereot 7/17/47 (Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Everett Cemetery				Where did injury occur?	te)	
			a.	Injured at home, tarm, Industry, public place (where?)		
			lcox	Meane of injury Injured at work?		
		erland		10 SIGNATURE B. M. Schwidler	20.	
Address		7/	4 /	A SIGNATURE IN MI DOWNER	er	
19. Luly	16 19 4.7	Wi	utes R. Trank M	Address 4/ Siene It Date signed fruit	21	
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BINDING FOR RESERVED MARGIN

ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	05606
Reg.	Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 330 Bedford Street (If rure), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME E. BLUME	3. (b) Social Security Number None
4. Sex Female White Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH ULLY 22 1947, al. 3 7 m
6.(b) Name of husband or wife Elmer Blume 6.(c) If alive, give age 7.9 years 7. Birth date of deceased (mo., day, yr.) May 4, 1869	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2
8. AGE: Years Months Days I ff less than one day	Chronic my o cardites
9. Birthplace Bedford, Bedford County, Pa. (Town, county, and atate) 10. Usual occupation Housewife 11. Industry or business	Due to.
12. Name Simon Naus 13. Birthplace Pennsylvania	Other condillons
14. Malden name Loretta Milburn 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op.
16. Informant Elmer Blume Address 330 Bedford Street, Vumberland, Md.	Autopsy results
17. Burial Date thereof 7/25/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Bedford Cemetery	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Location Bedford, Pa. 18. Funeral director, William H. Kight	Injured at home, farm, Industry, pub ¹¹ c place (where?)
Address Cumberland, Md. 19. Luly 23, 19 47. Writer R. Frants, M. Chate ree'd by registrand Registrand	23 SIGNATURE TO Re N. Kozered M. D. or other Address. Combinature was Date signed 7/2 2/47

information carefully of death clearly and BINDING ADING INK. Supply every item of Physicians: please write the causes FOR RESERVED WITH UNF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull. The correct age is especially important. Physicians: please write the causes of death clearly and leably.

MARGIN RESERVED FOR BINDING

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DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

PRog. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) StateWEST VIRGINIA County PETERS BURG (If outside city or town limits, write RURAL and give nearest town) Street No
How long In hospital or institution? 1 DAY	2.(a) If veteran, name war
3. (a) FULL NAME BABY GIRL BORROR Lail Ma	3. (b) Social Security Number
FEMALE WHITE 8.(a) Single, marfled, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH JULY 18, 1 19 47 .26:15 Am
8.(b) Name of husband or wife	29 I CERTIFY that death occurred on the date above stated; that lattended deceased from 19 1 to 19 17 and that I task saw h alive on 19 17
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Venus Trage July
9. Birthplace CUMBERIAND MARYIAND (Town, county, and state) 10. Usual occupation	Due to Diher conditions.
14. Maiden name HELEN HARBY 15. Birthplace WEST VIRGINIA	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant MEMORIAL HOSPITAL Address CUMBE LAND, MD	Astopsy results. PHYSICIAN: Please underline the cause to which duth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof July 19 194 (Burial, cremation, or removal, Which?) Cemetery or crematory Newhouse Cemetery	Accident, suicide, or homicide
Location Rigg, W. Va. 18. Funeral director Charles L. George	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work?
Address Cumberland, Md. 18 July 8 47 Historia Fresh	23. SIGNATURE Who have signed M. D. or other 7 18 47



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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2

County of term (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 day 5 Respital institution, or steps defects where death oldered:	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The control set of section 1 2 day 1 2 day 2 day 1 day 2 day 2 day 3 day 2 day 3 day 2 day 3 day 3 day 2 day 3 day	County Alegany	
Rev long in above piece of death 2 day 5	City or town Flints Tone	7 7
Respital hailthiles, or stept address where death address: Fig. 1.	the wises in character at death?	City or town
Row long in hospital or hastitution? 3. (a) FULL NAME Rosetta Bridges 4. Sex 5. Color or race 6. (a) Single, married, videwed, or dispread Widowed 7. Bridges 8. (b) Hame of husband or wite. Aberdance T. Bridges 8. (c) It aller, give age 1. Iterative that the second of the	Hospital, tostitution, or street address where death odcurred:	
Now long in hospital or institution? 3. (a) FULL NAME Rosetta Bridges 4. Sex 5. Color or race 6. (b) Rame of husband or wite. As to date of the constitution of t	Flintstone	
3. (a) FULL NAME Rosetta Bridges 4. Sex 5. Golfor or race 6. (a) Single, married, widowed, or divorced Widowed 10. Mane of husband or wite. Also, and area. 6. (b) Hame of husband or wite. Also, and area. 7. Bridges 6. (c) Halve, give age. 7. Birth date of deceased (ma., day, yr.) 7. Birth date of deceased (ma., day, yr.) 7. Birth date of deceased (ma., day, yr.) 8. AGE: Year Months 9. Birthplace. 8. AGE: Tear Months 9. Birthplace. 8. AGE: Tear Months 9. Birthplace. 9. Birthplace. 9. Birthplace 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 9. Birthplace 13. Birthplace 14. Maiden name. 9. Birthplace 15. Informant. 16. Informant. 17. Bridges 18. Actiony results. 19. Date thereof. Turkly, 3, 4, 4, 7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
Rosetta Bridges 6. (a) Single, married, widowed or divorced Widowed 20. DATE OF DEATH. 104.7 21 The Part of Death of		
4. Sex		3. (0) Social Security Number
8. (b) Hame of husband or wife. AB. Co. A. A. C. C. It alive, give age 5. (c) It alive, give age 5. (d) Agrand of the state above stated; that I altended deceased from the state above stated; that I altended	7	
20. DATE OF DEATH 19. 1. 1. CERTIFY that death and or wile. Absolute of the case of the date above stated: that glatened deceased from the date above stated: the case of death. Immedia: above stated: language stated: the case of death. Immedia: above stated: the case of death. Immedia: above stated: the		MEDICAL CERTIFICATION
8.(b) Name of husband or wife	F W Widowed	DO DAYS DE DEATH SULLY 1047 of TOP
7. Birth date of deceased (mo, day, yr.) Play ch 11, 18 49 8. AGE: Years Months Days II less than one day 78 3 2-0 hrs. min. 9. Birthplace Declaration (Town, county, and state) 10. Usual occupation Hause Company (Town, county, and state) 11. Industry or business Ory 10 19 19 11. Industry or business Ory 10 19 19 11. Birthplace Pa, 11. Birthplace Pa, 12. Name Google Pa, 13. Birthplace Pa, 14. Maiden name Sagara Dichas Major findings of operations. 15. Birthplace Pa, 16. Informant Sagara Dichas Date thereof Tailing, cremation, or removal. Whier?) 17. Cemetery or crematory. The there of the county	7/ / 7 7 /	
T. Birth date of deceased (mo. day, yr.)	6,(b) Name of husband or wite 176 ra 9 am 4. Bridges	
8. AGE: Years Months Days It less than one day 78 3 20 hrs. min 9. Birthplace Commission of Commis	6.(c) It alive, give ageyears	
8. AGE: Years Months Days It less than one day 78 3 20 hrs. min 9. Birthplace Bedford Comm. and state) 10. Usual occupation. Major findings of operations. 11. Industry or business On home Part 12. Name Birthplace 14. Maiden name. Sagar Died. 15. Birthplace Part 15. Birthplace Date of op. 16. Informant Part Barry Date thereof. Tarry Sagar Physician. Physician. Physician. Physician. Physician. Physician. Physician. Physician. Physician. Date of op. 16. Usual, cremation, or removal. Which? Date thereof. Tarry Sagar Physician. Physician. Date of op. 17. Cometery or crematory. Tarry Sagar Sa		
9. Birthplace. Ded to Comparison. Comparis		The state of the s
9. Birthplace. Bedford and state: 10. Usual occupation. Land 3.5. Service 11. Industry or business Own homes 12. Name. George Dieen. 13. Birthplace 14. Maiden name. San Means 15. Birthplace 15. Birthplace 16. Informant Land Bedford 17. Canage 17. Canage 18. Informant Land Bedford 19. Date thereof. Tanking 3. 1947. (Burial, cremation, or removal, Whier) 19. Cemetery or crematory Land Canada C	o. Ads.	acute myreardelis day
Due to 11. Industry or business 12. Name		
Due to 11. Industry or business 12. Name	9. Birtholace Bedford Co, Pa,	Due to
12. Name		
12. Name GEARGE Died Diter conditions Distributions (Include pregnancy within 3 months of death) 13. Birthplace Pa, (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations. 15. Birthplace Pa, Date of op. Autopsy results. PHYSICIAN: Please andertine the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, sulcide, or homicide. Date of op. Autopsy results. PHYSICIAN: Please andertine the cause to which death should be charged statistically. Accident, sulcide, or homicide. Date of op. Accident, sulcide, or homicide. Date of op. Accident, sulcide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Misans of injury Injured at work?	10. Usual occupation Hausers te	Que to.
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Part Bridges 17. Barrage 18. Informant Part Bridges 19. Date thereof Tarrage 19. Cemetery or crematory. Tarrage and the temporary (City or town) (County) 19. Location 19. Funeral director Address 20. Signature 21. Walsan Misor findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations Date of op Allopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide Date of Outer of op County (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? 23. Signature 24. Walsan M. D. or other	11. Industry or business Ony Gome	
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Part Bridges 17. Barrage 18. Informant Part Bridges 19. Date thereof Tarrage 19. Cemetery or crematory. Tarrage and the temporary (City or town) (County) 19. Location 19. Funeral director Address 20. Signature 21. Walsan Misor findings of operations (Include pregnancy within 3 months of death) Major findings of operations (Include pregnancy within 3 months of death) Major findings of operations Date of op Allopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide Date of Outer of op County (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? 23. Signature 24. Walsan M. D. or other	E 12 Name George Diehl	Biber conditions Distites medities ?
(Include pregnancy within 3 months of death) 14. Maiden name 15. Birthplace 16. Informant 17. Sarria Address 17. Sarria (Burial, cremation, or removal, Whiele?) Cemetery or crematory Location 18. Funeral director Address (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Aatopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Maddress 23. St6NATURE. 23. St6NATURE. M. D. or other	7 —	Billet Conditions it with the state of the s
15. Birthplace Pa, Date of op.		(Inciude pregnancy within 3 months of death)
Solution		Major findiags of operations.
Accident, suicide, or homicide. Location	E 15. Birthplace Pa,	
Address 77, Savage 77d. Burial, cremation, or removal. Which?) Cemetery or crematory 72, Savage 10 which death should be charged statistically. Location 75, Savage 77d. Burial, cremation, or removal. Which?) Cemetery or crematory 72, Savage 17d. Location 17, Savage 17d. Location 18. Funeral director 18. Funeral director 19. County 1		
Address 77, Savage 17. Burial Date thereof Tarly 3, 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory 12. Location 13. Funeral director 18. Funeral director 19. Address 29. Address 20. Stenarure 19. Stenaru	7	
17. Bender of County Date thereof Toronto (Burial, cremation, or removal. Which?) Cometery or crematory	Address 17t. Savage, 17d.	
Cemetery or crematory. Tethodist Cemetery Where did Injury occur? (City or town) (County) (State) Location. The Say age of the first		
Location		
Location	Cemetery or crematory Methodist Cemetery	Where did injury occur?
18. Funeral director Address Carachard Carac	/ - /	
Address Const Park, Zeed, 23. SIGNATURE & A Walson M. D. or other	10711	
M. D. or other	18. Funeral director.	0
M. D. or other	Address Calculation Teld,	4. a Walson my
10 kela de 10 4/ Mens o : Jensey (1000//1), 0 m/ 7/2/1/2	01 12 7. 48	23. SIGNATURE M. D. or other
(Date ree'dby registrar) Registrar Address (M. Date signed	19. (Date registrar) Registrar	Addressible Orleans Md. Date signed 7/2/47



(State)

Reg. Dist. No... (If outside city or town limits, write RURAL and give nearest town) 3. (b) Spaial Security Number

21. I CERTIFY That wath occurred on the date above stated: that I attended deceased from DURATION (Include pregnancy within 3 months i death)

22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

Injured at work?



v 48

e contact

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Climberland Md. (Amcelle (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 48 Tears	State
Hospital, Institution, or street address where death occurred: Amcelle_Cumberland,	Street No. 112 South Liberty (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) it veteran, name war. W.O.T. Ld. Wa.T. 2.
3. (a) FULL NAME	3. (b) Social Security Number
Claude Estel Campbell 4. Sex 5. Color or race B. (a) Single, married, widowed, or divorced	214-05-9444
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 9 19 47 at 12.25 N
8.(b) Name of husband or wite Sue Messick Campbell	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	10
7. Birth date of Toward 1999	280 that I last saw n
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
48 1 0min.	Coronary occlusion at once
9. Birthplace Cumberland, Allegany Co. Maryland (fown, county, and state) Machinest 11. Industry or business Celenese Corporation	Due to
Harry W. Campbell 12. Name Harry W. Campbell 13. Birthplace Huntersville, Va.	Dither conditions.
14. Maiden name Katherine Gulrey 15. Birthplace Cumberland, Md. 18. Informant Mrs. Sue Campbell	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Cumberland, Md.	Date of op.
	Autopsy results
Address Greenspring, W. Va. 17	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	
	Where did Injury occur? (City or town) (County) (State)
Location Cumberland, Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director	Beputy Medical Examiner - Allegany C
Address Cumberland, Md.	23. SIGNATUREH. V. Deming M. D. H. V. Deming M. D. Holling M. D. Johnson
18. July // 18. 4.7 // W/ anusts Registrar	Address Casamba Agamada, Mada Date signed 7-1-0-1-42

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

correct age

SA



34 7 3

NCH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

05611 9

Reg. Dist. No.....

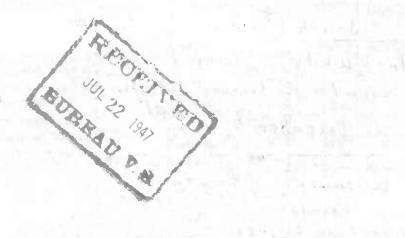
CERTIFICATE OF DEATH

/				
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany				
City or town	sthura	its, write RURAL and give nearest town)	State	
			City or town	write RIRAL and give nearest fown)
How long in above place Hospital, Institution, or.	street address where de	ath occurred:	Street No. 76 Mechanic St	
Mi	of death?	spital	Street No. (If rural, give L	OCATION)
		Days	2.(a) If veteran, name war	
3. (a) FULL NAME	E			3. (b) Social Security Number
	Bernar	d Patrick Carter	3.000	214-07-2681
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION
Male	White	Married	2D. DATE DE DEATH July 2	·8 19 47 or / 294
6 (h) Name of huchand	or wife Edna	McGown Carter	21. I CERTLEY that death occurred on the date above	stated; that lattended deceased from
		6.(c) tf alive, give age 27 yras	July 2 3 10 4	f 10 July 19 T/
T. Birth date of		6.(c) It alive, give age	and that Vigst saw h. Ann. alive on	Uy / 19.47
deceased (mo., day, y	March	I8th . 1915 * Days If less than one day	Immediate cause of death	DURATION
8. AGE: Years	Months	Days If less than one day	1 11	1 A
32	4	IO min.	Streplosportes // 1/2	ningules 3 vigo
9. Birthplace Hof	fman Mine	s. Allegany, Md.	Due to	
1D. Usual occupationSpinner				
11. Industry or business Celanese Corp. of America			Due to	
12. Name Th.	omas P. C	arter	Dther conditions	
	ckhart, M	d.	(Include pregnancy within 3 mo	ortho of douth)
14. Maiden name.	Catherin	e Groter		
TO TO	German		Major findings of operations	
≥ 15. Birthplace		0		Date of op
		eifarth Md.	Autopsy results	
		sant St., Frostburg,	22. VIOLENCE: If death was due to external cause	es, till in the following;
Buria	1	Date thereof July 30th 194 (month) (day) (year)	Accident, suicide, or homicide	
	, or removal, Which?)			
Cemetery or crematory St. Michael's Comotory			Where did injury occur?(City or town)	(County) (State)
		Md.	Injured at home, farm, industry, public place (whe	re?)
LOCATION	Jacob Ha		Means of Injury	Injured at work?
18. Funeral director			10 0	// // //
Address F7	estburg,	Md.	mym	anox/ Int
		11 - 6	23. SIGNETIC STATES	M. D. or other
19. (Date rec'd by re)197/	mus navey & Registrar	Address Frathura	Md Date signed 7-28-4



n _ .

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: information carefully of death clearly and 40 years (If outside city or town limits. Hospital, Institution, or street address where death occurred: Goethe (tf rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Joseph Clarence Christopher 215-20-6394 MEDICAL CERTIFICATION White Married BINDING Mole Koerner' Christopher 6.(b) Name of husband or wife Mary E 6.(c) If allve, give age ... O / vears FOR deceased (mo., day, yr.) DURATION 8. AGE: RESERVED MARGIN 11. Industry or business Own DUSINESS Imore, Mary land 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland 22. VIOLENCE: If death was due to external causes, fill in the following: PLAI is esp Accident, suicide, or homicide,..... Where did Injury occur?(City or town) 国 Moryland Injured at home, farm, Industry, public place (where?) ... Injured at work? Means of Injury 18. Funeral director Date signed 7-/6-4



all the state of the state of

1. PLACE OF DEATH:

9-45-15M PLEASE VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

05613

CERTIFICATE OF DEATH

County			RURAL and give nearest town)	State
3. (a) FULL NAME		a Lee	e Climico	3.(b) Social Security Number
4. Sex	5. Cotor or race	6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White		Married	2D. DATE DF DEATH. July 15, 18 47 at 1:10 E
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of		8	(c) If alive, give age	ears and that I last saw b & M alive on guly 15 19.47
8. AGE: Years		Days	tf tess than one day	Cancer of Sall bladde Sym
49	0	2	hrs.	
	Housew		ral Co. W.Va.	Due to 1 OT for annual land
当 12. Name	mos Leat	herma	in	Other conditions
13. Birthplace		1	Virginia	(Include pregnancy within 3 months of death)
14. Maiden name.	Laura S		Virginia	Major findings of operations Comes of Salad Bladde &
			o w Ve	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address R. 3, Box 72, Keyser, W. Va. 17. Burial Date thereof July 18, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Meadow Point Location Keyser, W. Va.			ereof July 18, 194 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
				Injured at home, farm, industry, public place (where?)
1B. Funeral director	N.H. Ros	ers	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Means of Injury Injured at work?
Address			v.Va.	22 SIGNATURE Jon & most aland
19. Pale rec'd by re	/8 19 4 7	Ber	ymbaker M	trar Address Kugau W. Ua . Date signed 7 . 17 . 47



RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

porite limits		EPARTMENT OF HEALTH es St., Baltimore	05614
/		TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	rite RURAL and give nearest town)	City or town	County Cleans and give nearest town
Hospital institution, or street address where death or	coursed:	Street No. 119 S. Smill (If rural, gi	ve LOCATION)
3. (a) FULL NAME Marth	- Br. Clon	2011	3. (b) Social Security Number 214-05-541
4. Sex 5. Color or race 6.(a	Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
6.(6) Name of husband or wife Thurs L	Blooman	21. I CERTIFY that dryin occurred on the date:	
The state of the s	+, 1410	Immediate cause of death	191. DUR
9. Birthplace Cumbeland all	Denna Cr Mil	Due to Que langua ! Ch	she Willie ye
10. Usual occupation. Talephone O	perator up.	Due to.	· ·
12. Name Minh	md	Dther conditions	200
14. Maiden name Many C. M. 15. Birthplace Germany	polmi	(Include pregnancy within	3 months of death)
16. Informant Thomas L. Co. Address 119 S. Smallur	Vonan	Autepsy results PHYSICIAN: Please underline the cause to	which death should be charged statistical
0.0	te thereof (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of
Cemetery or crematory St. Lucation Lucation M	Parls Cemetry	Where did Injury occur?(City or town Injured at home, farm, Industry, public place	(where?)
18. Funeral director A. M. M. Address Cumbuland Y	hl .	Means of Injury B. M.	Injured at work?
19. July 10 19 47.	Writer R. Frants M.	25. SIGNATURE 4 Preend	of Cumbulating July

BURF 6

No schindle

DR. W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

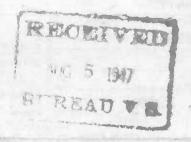
CEDTIFICATE OF DEATH

05615

		CERTIFICA	ATE OF DEATH	Reg. Diat. No.
1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	OF DECEASED:
				unty MINERAL
or town	MBERLAND	nits, write RURAL and give nearest town)	****	
			City or town KEYSER (If outside city or town limit	s, write RURAL and give nearest town)
pital, instilution, or	r street address where d	eath occurred:	Cheel No.	
		TTAL	(If rural, giv.	e LOCATION)
ow long In hospital o	r Institution?18	DAYS	2.(a) If veteran, name war	
B. (a) FULL NAM	MR. ROY	Me COOK		3. (b) Social Security Number
I. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
MALE	WHITE	SINGLE	20. DATE OF DEATH JULY 26.	19.47 .6:00 P
/h) Nama of hughand	l as wife		21. I CERTIFY that death occurred on the date ab	ove stated: that I attended deceased from
			Strikey 8 19	47,10 7-26-19
7. Birth date of	Odinor	6.(c) If allve, give age	and that I last saw h Assistative, on	127 19
	yr.) OCTOE		Immediate cause ul death	CONTRACTION COURATION
B. AGE: Year	s Months	Days If less than one day	La Santa man	Letter for the same
			min.	7074
9. Birthplace	WEST VIE	COUNTA county, and state)		fred that with the state of
	(lown,	county, and state)	L. Anthantal	000000
D. Usual occupation.			Oue to San July 100	we to a feet a feet
11. Industry or busine		COOTE	- 20 Jahren	any and getter
E 12. Name ARTHUR T. COOK			Other conditions / Zun 1222	La de la companya della companya della companya de la companya della companya del
13. 0irthplace WEST VIRGINIA			(Include pregnancy within 3	months of death)
14. Malden name CATHERINE WALKER				one
14. Malden name	WEST VII	RGINIA	Major findings of operations	
	TEMODIAL I	IOGDITAT.	Autopey results.	2 1 1 1 4 4 1 1 1 4 4 1 1 1 4 4 1 1 1 1
		IOSPITAL	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
Address	HMBERLANI), MARYLAND		
17. Sun	n, or removal. Which?)	Bate thereof fully (day) (year)	Accident, suicide, or hemicide	
(Burial, crematio	n, or removal. Which?)	month) (day) (year)	Where did injury occur?	
1 1	toy Queens	for a	Where did injury occur?	
Location Kayser W a.			injured at home, farm, industry, public place (
18. Funeral director D. & Wog Ein Finneral Muchan			Means of injury	Injured at work?
9/3/			M.F.	22,11
19 August 2, 1947 Winter R. Frants M.L.			23. SIGNATURE	Musino
			1.4. Samuelo &	0 8-1-1
(Date rec'd by r	egistrar)	Regis	trer Address.	Date signed

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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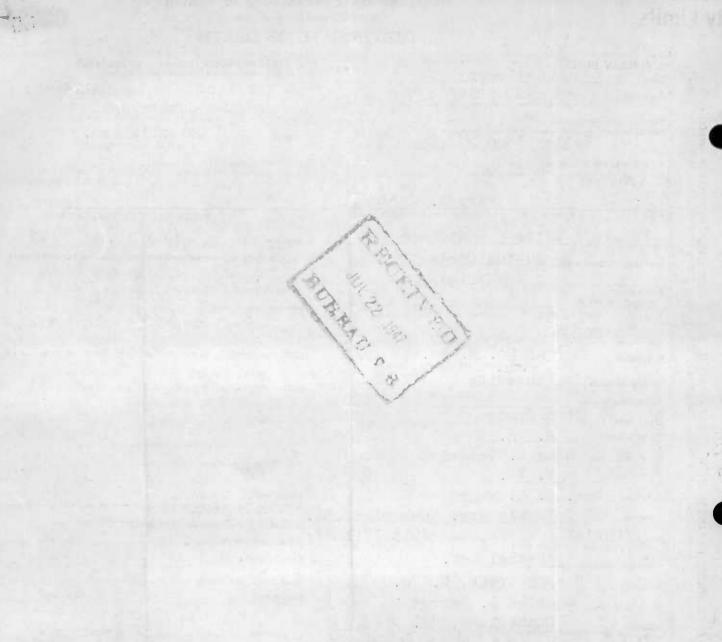
05616

CERTIFICATE OF DEATH

City or town. City o	1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (I- (For newborn infants giv	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Allegany		
City or town. Hew long in above size of cable. Walley Road A. Cordwell A. See S. Color or race Female White Widowed 6.(b) Name of burband or wife. Jul 148 Cordwell S. Col Vallw, gire age 1. Simb date of deceased (on. day, yr.) B. AGE: Year: B. Birthpiace Morgan Co. W. Ve. B. Birthpiace Morgan Co. W. Ve. Crown. county, and state) 10. Bust of counting. Housewife Mary A. Cordwell A. See S. Color or race S. Col Vallw, gire age None S. Col Vallw, gire age No. B. Birthpiace Morgan Co. W. Ve. Crown. county, and state) 10. Bust occupation. House wife Mary A. Cordwell Address 818 Columbia Ave. Cumberland, Major findicate pregnancy within 3 months of death) Wall simble or control of the day of the day of the control of the day of the day of the control of the day of the day of the control of the day	COURTY	Restant Slate Maryland			
Nospital heathylion, or street address where death occupated Valley Road Valley	(If outside city or town limits, write RURAL ar				
Control Cont					
Row long in haspital or institution? 3. (a) FULL NAME Mary A. Cordwell 4. Set S. Color or race Female White Widowed 6. (b) Rame of husband or wile. Julius Cordwell 8. (c) It alive, give age. 7. Set deceased (no. day, rr.) 8. AGE: Year: 8. AGE: Year: 8. Sirrhpiece Morgan Co. W. Va. 10. Usual accupation. Housewife 11. Industry or business 12. Rame John Crone 13. Birthpiece 14. Maiden name. Anna E. Tederick Magruder Address 818 Columbia Ave. Cumberland, Md Burial 15. Birthpiace W. Va. 16. Informant. Mr.S. D. N. Magruder Address 818 Columbia Ave. Cumberland, Md Burial 16. Combiding or newal, which in the following: Location. Sieepy Creek, W. Vg. 18. Fuerral director Charles L. George 18. Fuerral director, public place (where?) Injured at work?		Street No. 818 Co			
3. (b) Social Security Number Mary A. Cordwell 4. See S. Color or race G. (a) Single, married, videwed, or divorced None Female White Widowed 6. (b) Name of husband or wife Julius Cordwell 7. Buth date of deceased (no., dar, yr.) 8. AGE: Vear Menths Days If less than one day 9. Birthplace Morgan Co. W. Va. 10. Usual accupation. Housewife Housewife Housewife Housewife 11. Industry or business Housewife W. Va. 12. Name John Crone 13. Birthplace W. Va. 14. Maiden name Anna E. Tederick 15. Birthplace W. Va. 16. Informant Mr.S. D. N. Magruder Address Sla Columbia Ave Cumberland, Mr. 16. Burial Date thereof July 17 10 17. Cametery or crematory Bethel Cem 18. Fuerral director Charles L. George 18. Fuerral director Charles L. George 18. Fuerral director Charles L. George 19. Hander July 17 July 10. Usual not with a months of death was due to external causes, fill in the following: 19. Hander July 17 July 18 Ju	variey noau // . g.	0V. S	(If rural, give LOCATION)		
Mary A. Cordwell A. Set S. Golor or race S. Golos age, married, widewee, or divorced Female White Widowed. 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Julius Cordwell 8. (6) Name of husband or wife. Months 8. (6) If alive, give age 8. (7) Warried on the date above stylet; that split ended gives and from the file of the date above stylet; that split is the file of the split is th	How long in hospital or Institution?	2.(a) If veteran, name war	2.(a) If veteran, name war		
Serial Serial Second or race Second or race Second or divorced	3. (a) FULL NAME		3. (b) Social Security Number		
Serial Serial Second or race Second or race Second or divorced	Mary A.	Cordwell	None		
8. (b) Name of husband or wife. Julius Cordwell 5. (c) If alive, give age. 5. (c) If alive, give age. 7. 8 wh date of deceased (me. day, yr.) 8. AGE: Years Months Days If less than one day? 82 Months Days If less than one day? 82 Months Days If less than one day? 83. AGE: Years Months Days If less than one day? 84. Burlage Morgan Co. W. Va. Due to Months Due to Months Due to Du			DICAL CERTIFICATION		
8. (b) Name of husband or wife Julius Cordwell 7. Seith date of deceased (me. day, yr.) 8. AGE: Years Months Days If less than one day Months B2 Months B2	Female White Widow	red as autors acres	July 14 , 47 , 11:P		
1. Birth date of decessed (mo., day, yr.) 18. Funeral director, Charles L. George 19. The state of decessed (mo., day, yr.) 19. The state of deces		LO. DATE OF DEATH			
18. Elith date of deceased (mo, day, yr.) 8. AGE: Years Months Days If less than one day? 8. Birthplace Morgan Co. W. Va. (Town, county, and state) 10. Usual occupation. Housewife 11. industry or business 12. Name. John Crone 13. Birthplace W. Va. 14. Maiden name. Anna E. Tederick 15. Birthplace W. Va. 18. Informant Mrs. D. N. Magruder Address 818 Columbia Ave. Cumberland, Md 17. Burial 18. Informant Mrs. Date thereof. July 17, 104.7 (month) (day) (year) Demetery or cremoval, Which) Date thereof. July 17, 104.7 (month) (day) (year) Cemetery or cremoval, Which) Date thereof. W. Va. 18. Funeral director, Charles L. George 18. Funeral director, Charles L. George 18. Funeral director, Charles L. George 19. Was and that I last saw h. C. alive on July 10 min. Immedia: cross of decht. Illustration of death of the condition of the charged statistically. Actively results. Physician, cremation, or removal, Which) Sleepy Creek, W. Va. 18. Funeral director, Charles L. George 19. Injured at work?	6.(b) Name of husband or wife. JUIIUS COPOWE	21, I CERTIFY Instruction occurred			
deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 7 9. Birthplace Morgan Co. W. Va. 10. Usual occupation. Housewife Housewife 11. industry or business Housewife Housewife 12. Name John Crone 13. Birthplace W. Va. 14. Malden name Anna E. Tederick 15. Birthplace W. Va. 18. Informant M.S. D. N. Magruder Address 818 Columbia Ave. Cumberland Md 11. Burial Burial 12. Violence: If death was due to external causes, fill in the following: 13. Birthplace M. Va. 14. Malden name Anna E. Tederick 15. Birthplace W. Va. 16. Burial Cremation, or removal, Waite(f) 17. Completely or creations Completely or creations 18. Funeral director. Charles L. George 19. Inmedia: crem of desth. July 17. 19. 19. July 17. 19. 10. Usual occupations July 17. 19. 11. Industry or business July 17. 19. 12. Violence: If death was due to external causes, fill in the following: 18. Funeral director. Charles L. George 19. Va. County County 10. Usual occupations July 17. 19. 11. Industry or business July 17. 19. 12. Violence: If death was due to external causes, fill in the following: 19. Va. Va. Va. 10. Va. Va. Va. 11. Industry or business July 17. 19. 12. Violence: If death was due to external causes, fill in the following: 12. Violence: If death was due to external causes, fill in the following: 13. Va. Va. Va. 14. Malden name Anna An					
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10. Usual occupation. Housewife 11. industry or business		Planie	and cartities 12-43		
10. Usual occupation. Housewife 11. industry or business 12. Name	9. Birthplace (Town, county, and state)	Due to.	, , , , , , , , , , , , , , , , , , , ,		
11. industry or business 12. Name	10 Usual occupation Housewife	B- cooling	d getrinselmens 12 ms.		
12. Name		Due to.			
13. Birthplace W. Va. (Include pregnancy within 3 months of death)			,		
14. Malden name Anna E. Tederick Major findings of operations. Major findings of operati	T 14. Name	Diher conditions			
18. Informant Mrs. D. N. Magruder Address 818 Columbia Ave. Cumberland Md 17. Burial Date thereof. July 17. 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory. Bethel Cem. Location Sleepy Creek, W. Va. 18. Funeral director. Charles L. George Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of Injury Injured at work?		(Include pregna	ancy within 3 months of death)		
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18. Funeral director. Charles L. George Means of Injury Injured at work?					
18. Funeral director. Charles L. George		The state of the s			
0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	18. Funeral director. Charles L. Georg	Means of Injury	Injured at work?		
Admess Cumperiana, Ma. D. Constille (Jaurt Joues Ju. P.	Cumbanland Md		Hunt Janes Z. S.		
23. SIGNATURE. M. D. or other	110 - 12 11.4	23. SIGNATURE	M. D. or other		
19. Mate reciply registrar) 194/ Stealer G. Starte Address (10 3 Centre St) Date signed 7-15-47	19. July 194/ Healer	Registrat Address (10 2. Cent	re 24/ Date signed 7-15-47		

PLEASE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Phe of its especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05617 Reg. Diat. No.

	PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED:
County ALILEGANY			***************************************	
City or town. CIMB RIAND MARY AND (If outside city or town limits, write RURAL and give nearest town)			MARVIAND inits, write RURAL and give nearest town)	State MARYLAND County ALLEGANY City or town WESTERNPORT MD.
			***************************************	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospi	Ital, Institution, or	street address where	death occurred:	Street No. 1999 THE PARTY WAS MUNICIPAL TO
.,			ltal	(If rural, give LOCATION)
1			DAYS	2.(a) If veteran, name war
3. (0	1) FULL NAME	- Ad		3. (b) Social Security Number
		CRABTRE	E	212-12-8159
4. Se		5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MALE	WHITE	WIDOWED	20. DATE OF BEATH JULY 19. 1947 19
		TIITTA	ANNA HAINES	
6.(6)	Name of husband	or wite	CONTAIL BRINA	1942, to July 1942.
7 Ric	rth date of		ye	and that t last saw for allve on
11	ceased (mo., day, y	0 70/75/	03	
8. A	GE: Years	Months	Days It less than one day	Immediate cause of death DURATION UNEQUE 3 WELLS
	63	9	4hrsm	in.
		MD	,	- (P-1 5-3 x 7/3
9. B	irthplace	(Town,	county, and state) (4)	Newson (C. S.)
10. 0	Isual occupation	Auc	House Idding Chief of	fice Care
AA I	ndustry or business	a luno	11 (Car 6 W) to the	we too.
		HOMAS CD	A DIMPLETE	
	12. Name	II.VC.AUV.D	ADTRACY	Other additions
		MD		(Include pregnancy within 3 months of death)
里士	14. Malden name	EMMA ZI	MMERLY	Major findings of operations.
0W 1	IS. Birthplace	M	Day	Date of op.
40 1-	ntormant	Monno	al Kosp.	Autopsy results
			ila iland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ac	ddress	cause	sical, one.	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17.6	Juria	or removed Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide
		His O.	Cuelly (year)	
Cer	metery or cremator	y	5-4	Where dld lnjury occur?
Loc	cation	Vestern	per ma	Injured at home, farm, industry, public place (where?)
18. F	uneral director	Ellewo	rely D. Boal	Menns of Injury Injured at work?
Add	dress W	esterupa	it, mid	
	0.0	101 1/2	W. A. Phat	(23. SIGNATURE M. D. or other
19.	Date rec'd by reg	istyar 19 4	Walley 1- Walls, a	110.
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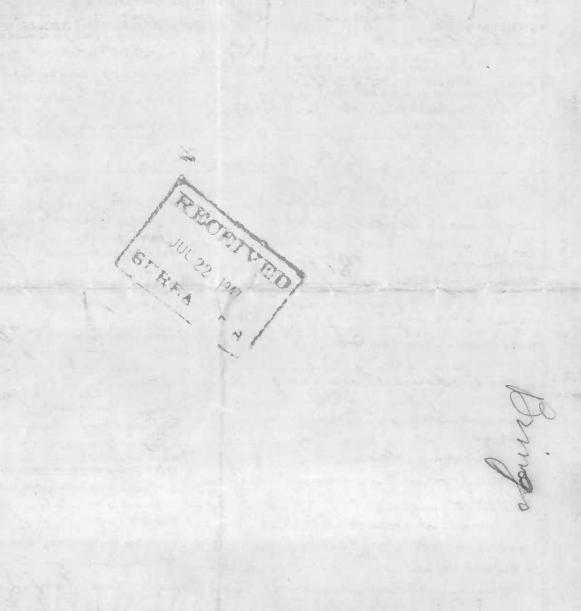
2411 N. Charles St., Baltimore

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2. USUAL RESIDENCE (HOME) O	F DECEASED:	
state maryland con	ot allisary	
City or town Consider	land t	
(If outside city or town limit	, write RURAL and give nearest town	.)
Street No. 339 Healers	LOCATION))
2.(a) 11 veteran, name war		
. 1	3. (b) Social Security Number	
Varr	More	
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH ONLY	15 19 47 at 7	A.
21. I CERTIFY, that death occurred of the date abo		
1 0	5) 10/mg 10	99
and that I last saw h. Linalive on	ul 2	9.5
Immediais cause of death	DUI	RATION
elumi my	sudils, 13	La
Due to		
	/	/
Due 10:		
Other conditions		
(Include pregnancy within 3	months of death)	
Major fiedings of operations		
Autopsy results		
PHYSICIAN: Please underline the cause to w	hich death should be charged statisticall	y.
22. VIOLENCE: Il death was due lo external car	uses, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or fown)	(County) (State)	
Injured at home, 1arm, Industry, public place (w	here?)	
Means of Injury	Injured a1 work?	

& Ruis M. D. or other



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2411 N. Charles St., Baltimore

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CLIN				OI.		

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town fimits, write RURAL and give nearest town)			state Laryland county Allegant	
How long in above place of death?		ears leath occurred: reet	City or town Westernport (If outside city or town limits, write RURAL and give nearest town) Street No. 119 Wood Street (If rural, give LOCATION)	
	Institution?		2.(a) It veleran, name war	
3. (a) FULL NAM		NCE DAVIS	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION	
Female	White	Widowed	2D. DATE DF DEATH	
7. Birth date of	T 7	thon W. W. Davis 6.(c) If alive, give age years 10, 1852	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18. 4.7., to 19. 4.7. and that I last eaw J. alive en 19.	
8. AGE: Years Months Days It less than one day 95 2 hrs. min. 9. Birthplace Rrownsville Fayette Penna. (Town, county, and state)			Due 10. De Malegy	
10. Usual occupation House wife 11. Industry or business Own home 12. Name George R. Murphy 13. Birthplacs Baltimore. Maryland			Due to Orterio selevatre Carles Vascular Disesse (8/27/47-23) Diher conditions	
		e, waryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
	Wood Stre	et, esternport, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	
Date thereof July 15, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Philos metery			Accident, suicide, or homicide	
Location Lesternport,d			Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?	
18. Funeral director	Ellswort esternpor		JEBORN mis	
	4 19.4.7	707	23. SIGNATURE M. D. or other Addres See See See The Man Date signed 71.44.47	

JUL 19 1947
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2411 N. Charles St., Baltimore

93d

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Reg. Dist. No. 10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Liberty Towns	(For newborn in shits give residence of mother)	
(If ortifide city or town limits, write RURAL and give nearest town)	State County County	1
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest g	oyen)
Hospital, Institution, or street address where death occurred:	Street Ho	
On Welles Sun of Stores	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veteran, name war	************
3. (a) FULL NAME	3. (b) Social Security Number	ber
I Leorge Codura	od Dearle 215-10-13	3//
4. Sex 5. Color or taca 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
male Islate Madones	20. DATE OF DEATH July 19 19 47 11	11:00 8.
De a OVersion	2J. I CERTIFY that death occurred on the date above stated: that I attended deceased fr	
8,(b) Hame of husband or wife.	January 1846 10 July 19	9 19 47
7. Birth date of	and that I last saw h 44 alive on July 18	
deceased (mo., day, yr.) feely 3/3/.)873	Immediate cause of death.	DURATION
8. AGE: Years Months Days If less than one day	Le . Le	veral
// /hrsmi	" //Mocarditis	glass.
9. Birthplace (Town, county, and state)	Due to	
(Town, county, and state)		
10. Usual occupation.	Due to	
11. Industry or business		
E 12. Hame Leaves Local	Dither conditions Chronic Brone head Ce	verss
13. Birthplace	Malla suna	reaus.
14. Malden name Special Specia	(Include pregnancy within 3 months of death)	
S 15 Blethplace	Major findings of operations.	
9-10 W.71	Date of op.	
18. Informant	Antopsy results	
Address miguently mo	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Busines Date thereof July 2-194	Accident, suicide, or homicide	
(Burial, cremation, or repreval. Which) (morth) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Location January Bay	Injured at home, farm, Industry, public place (where?)	******************
18. Funeral director Jacob Carallet	Means of Injury tnjured at work?	
Address A + H	- William E. moseley 1.	R.
A Seather of Maria	23. SIGNATURE William Z. Missely V.	n. U.
19. July 10 19 47 Missing Millian Registrar)	Address MA Davage Ind. Date signed ?-!	9-194
(Pate rec'd by registrar) Registra	Address Date signed	J

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VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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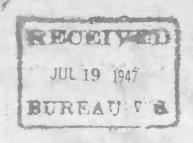
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CERTIFICATE OF DEATH

Reg. Diet. No...........

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Allegany State		
3. (a) FULL NAME	3. (b) Social Security Number		
Kathryn Sophia Dittmar	None		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH JULY 14, 1947 31/15 A		
6.(b) Name of husband or wife. Louis Dittmar 6.(c) If alive, give age years 7. Birth date of Dec. 16, 1856	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 194 to 1947 and that I tast saw h 2 alive on July 3 1947		
8. AGE: Years Months Days If less than one day 90 6 28	Immediais cause of death arteriorsterosio 5 months		
9. Birthplace	Due to		
16. Informant Mrs. W. B. Burke	Autopsy results		
Address McCoole, Md. Burial 7/16/1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or Xew Xew Greenway Location Berkeley Springs, W. Va.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director B. W. Markwood Address Keyser, W. Va.	Means of Injury tajured at work? 23. SIGNATURE M. D. or other		
19. July 15 18 47 3 Caffin La Son 111 (Date recht by registrar) Registrar	18 eysen W. Va. 7/14/4		



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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. 4

173	Reg. Dist. No.
1. PLACE OF DEATH: County. ALLE GANY City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 Days Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 11 DAYS 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4	
MR . STEPHEN A . DIXON 1. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	None
MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 10, 18 47 ,19:45
6.(b) Name of husband or wife LULA BARRICK 6.(c) If alive, give age 62 years 7. Birth date of deceased (mo., day, yr.) MARCH 4, 1881 8. AGE: Years Months Days If less than one day 66 4 6 hrs. min. 9. Birthplace WEST VIRGINIA (Town, county, and state) 10. Usual occupation FARMER	21. I CERTUS that death occurred on the date above stated; that I stemped degrased from 19. to
12. Name STEPHEN DIXON WEST VIRGINIA	Other conditions
13. Birthplace WEST VIRGINIA 14. Maiden name ELIZABETH KITZMILLER 15. Birthplace WEST VIRGINIA	(Include pregnancy within 3 months of death) Major fiedings of operations
16. Informant MFM.ORIAL HOSPITAL Address CUMBERLAND, MD	Actorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof 7/13/47 (Burial, eremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Nethken Hill Cemetery Location Elk Garden, W. Va.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address Cumberland, and.	23. SIGNATURE Summer Sandander



correct age

NFADING INK. Supply every item of information carefully. The car. Physicians: please write the causes of death clearly and legibly,

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

(Date rec'd by registrat)

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RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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eg.	Diat.	No.	<i>y</i>

	Neg. Dist. 110
1. PLACE OF DEATH: County Allegany City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
Bernice O. Dudley	Tune
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21/0'5 PM
6.(b) Name of husband or wite Fred Dudley 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above etated; that Lattended deceased from 19.4.7
9. Birthplace	Due to. Due to. Due to. Due to.
E 12. Name John R. McMullen	Dther conditions
Z 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Un't knew 15. Birthplace	Major findings of operations
U II	Date of op.
16. Intermant Mrs. Guy T. Billmyer Address 2853 Chesterfield Ave. Balte, Md 17. Burial (Burial, cremation, or removal, Which?) Burial (Burial, cremation, or removal, Which?)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
(Buriat, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory	
Location Eckhart, Md.	
	Meene of Injury Injured at work?
18. Funeral directorJacobHafor	(11/1) 10 5
Address Frestburg, Md.	23. SIGNATURE CATTURE 7. July M. D. or other
19 July 19, 18 47 Water K. Frauls M.	Address 110 S. Centre St. Date signed 7-18-47



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully in pectably.

FOR BINDING

MARGIN RESERVED

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

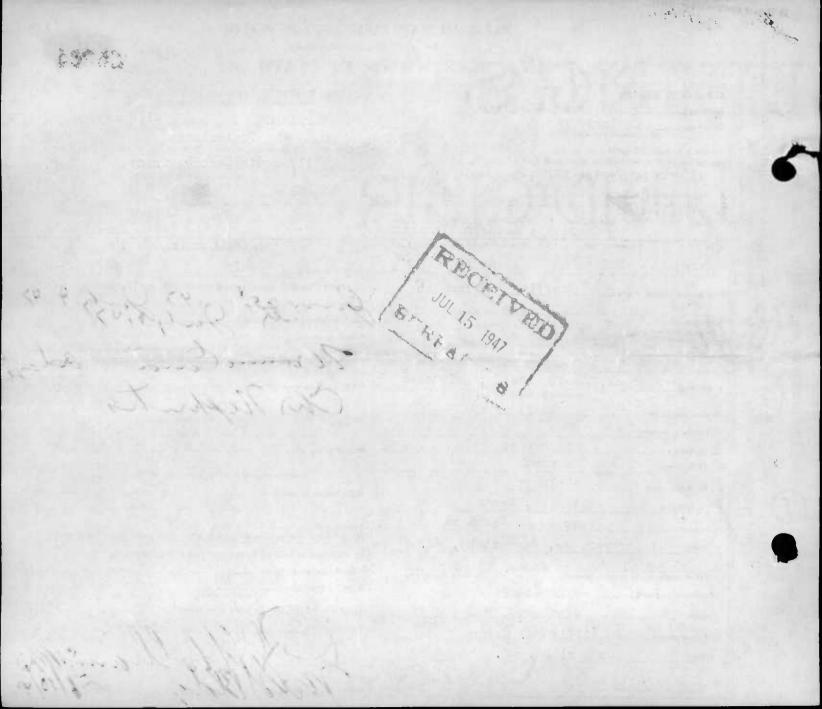
1319-

05623

654 CERTIFICATE OF DEATH

Reg. Dist. No. 4

City or town(1f of	Cumberland	imits, write R	URAL and give nearest town)	State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 117 South Centre Street (If rural, give LOCATION)		
How long in above place Hospital, institution, or 117 Sout	of death?street address where th Centre	35 death occurred Street	Years :			
How long in hospital of 3. (a) FULL NAM				2.(a) If veteran, name war		
3. (a) FULL NAM		lotte B	athern Flanagan		3. (b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Widow	20. DATE OF DEATH July	19.47	3-30 P
6.(b) Name of hysband	or wife	terling	P. Flanagan	21. J CERTIFY that death occurred on the date above		
***************************************		6.(e) If alive, give ageyea	11s Jane 25 19	000	7 19.4/
7. Birth date of deceased (mo., day,)	m.) Mar	ch 28	.873	, , , , , , , , , , , , , , , , , , , ,	the ball	DURATION
8. AGE: Years		Days	If less than one day	Immediate cause of death	•••••	DONALIDA
74	3	11	hrsmi	n. Wiener	with	dolan
	ncock, Was	county, and		Due to Meth	wh's	
11. Industry or business		11		Due to.		***
12. Name	Lloy Un	d Barne known	98	Dther conditions	••••••	
14. Maiden neme.		nknown		(Include pregnancy within 3 m		
15. Birthplace					Date of op	
16, Informant	***************************************		Flanagan	Autopsy results		statistically.
	Shriver Av		berland, 4d. 7/12/47 (month) (day) (year)	VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, fill in the following:	
			etery	Where did injury occur?(City or town)	(County)	(State)
			A. WVA	Injured at home, farm, Industry, public place (who		
19. Funeral director	Will	iam H.	Kight	Meens of priury	Injured at work?	
Address	Cumber	land, l	id.	23. SIGNATURE	May	ma
19. July	12, 1847	Win	ty & tauts m.	D. Wind May	M. D.	or other



Outside of Date City Limits

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. allegary	1 / 4/1
City or town Medico Taruna, Meav Com bar land, Mo	
low long in above place of death? 5 Hears	City or town M. C. J. C. T. A. M. S. Wear Com Belland, Medital Company (If butside city or town limits, write RURAL and give negrest town)
Hospital, Institution, or street address where beath occurred:	Street No. Ryval, Near Cumberland, Md.
Mexico Forms PD#4 Comb M	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran. name war
3. (a) FULL NAME	3. (b) Social Security Number
1 1/0 0	orsyth 705-05-5313
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	20. DATE OF DEATH JULY 26 1947 at 5 30p
6.(b) Name of husband or wife	21. LCESTIFY that doubt occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age year	7/16/4 19/10/10/12/6/7/19/
7. Birth date of 1.1.17 1007	and that I last sawb
deceased (mo., day, yr.)	Immediate cause of death
o. Adl.	Coronary of the
60 0 1 1min	
8. Birthplace Clear > prin o Washington, Mory land	Due to
	Contracte of
D. 6 P.D	Due to
11. Industry or business B4 O R.P.	
E 12. Name Jocob Patrick Forsyth	- Dther conditions
13. Birthpiace Clearspring, Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Rosada d Mills	Major findings of operations.
14. Maiden name Rosanna Mills 15. Birthplace Cledrsbring, Mary I and	Bate of op.
16. Interment Mys. G. W. OCollins	Aptopsy results.
To the man to the same and the	PHYSTCIAN: Please underline the cause to which death should be charged statistically.
Address RD#4. Maxico Farms, Comberland, Md	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date fhereof 29, 199 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Forsyth Family Cemetery	
	(City or town) (County) (State)
Location Clears bry in & Mary land	Means of Injured at work?
18. Funeral director	Means of India
Address Comberland Maryland	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
0111111111111	23. SIGNAURI M. D. Frother
19 Jales 24, 18 47 White K. Nach, W. L	College La AMALTEGA



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the second section is a section to the section of t

Within corporate limits , W. F. W.m.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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05625

CERTIFICATE OF DEATH

Rog. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYLAND County ALLEYANY
City or town. CUMBERTAND. MARYTAND. (If outside city or town limits, write RURAL and give nearest town)	City or town. CUMBERLAND (if outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
dospital, institution, or street address whore death occurred: MEMORIAL HOSPITAL	Street No. 841 CANDEN AVE. (If rural, give LOCATION)
00 774777	2.(a) If veteran, name war.
non rong to mospital of the	
3. (a) FULL NAME ANNA	3. (b) Social Security Number
MOLLIE FREY	fusic
5. Color or raco 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION NOON
FEMALE WHITE WIDOWED	20. DATE OF DEATH
8.(b) Nama of husband or wife FRANK FREY	21. I CENTIFY that death occurred on the date above stated; that lattended deceased from
	Jane 70 19 4 10 And 19 19
5, (c) If alive, give age year	and that I last saw h
docoasod (mo., day, yr.)/// S Bays It less than one day	Immediatescause of death Dunation
o. AGE:	La terror de la como d
72 16 16 min	and the state of t
8. 8irthplace	Due to O O O O O O O O O O O O O O O O O O
16. Usual occupation HOUSEWIFE	Duo to.
11. Industry or business	1190
E 12. Name KIENHOFER, ANTHONY	Other conditions Poblatily Recurrence
12. Name KIENHOFFR, ANTHONY 13. Birthplace GERMANY	(Include pregnancy within Surjouths of death)
	(a) a a lank
i i	
	Gate of op.
16. Informant Mass Rachard Dassall	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cumberland	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Amial Date thereof July 22 47	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (most) (dsy) (year)	Where did inters accur?
Cemetery or crematory St. Catalant gallia Cland	(City or town) (County) (State)
Location Limberland	Injured at home, tarm, industry, public place (whore?)
The state of the s	Means of Injury (Injured at work?
18. Funeral director della Maria di Mar	CAT THE
Address Cumbuland.	\$3. SIGNATURE
10 July 2/10 47 Winter R. Frank 7	MA. Jundela V THOM
(Pate reg'd by/registrar)	ar Address Maid signed



2411 N. Charles St., Baltimore

05626

CERTIFICAT	E OF DEATH Reg. Dist. No	······································	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md county Allegany		
(If outside city or town limits, write RURAL and give nearest town)	City or town. Cresaptown Ma		
How long in above place of death? 13.1/2 hours Hospital, Institution, or street address where death occurred:	Street No. Wineheater Are		
Allegany Hospital	(If rural, give LOCATION)		
How long In hospital or Institution?13.1/2 hours	2.(a) It veteran, name waWorld War 2		
3. (a) FULL NAME	3. (b) Social Security 220-/6-7		
Charles Foster Glover 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION	f	
Male white Single	20. DATE OF DEATH July 27 19 47	1.30P.	
S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I aftended dec	ceased from	
7. Birth date ot	and that I last saw h im all Dead July 27	19.47	
deceased (mo., day, yr.) Fe b . 24-1924	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Fractured cervical vertebrae	14.1/2	
23 5 3hrsmin.	& severe concussion of brain	hours	
9. Birthplace Union town, Fayette Co. Po.	Due to Automobile accident	***************************************	
10. Usual occupation Textile Warker		****	
11. Industry or business Calanese Corp. of America	Due to	****	
	Other conditions fracture left malar bo	ne	
	Office Collections 1.3 Cartes and 1.5 Cartes and 1.	· · · · · · · · · · · · · · · · · · ·	
13. Birthplace Hazelton, W. Va.	(Include pregnancy within 3 months of death)	444	
14. Malden name Virginio B. Mc Gettigan 15. Birthplace Accident, Md,	Major findings of operations.		
E 15. Birthplace Accident, Md,			
16 Informant Faster C. Glover	Autopsy results		
Address Cresaptown, Md,	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	00 40	
17. Burial, cremation, or removal. Which?) Date thereot. Tuly 30 1947 (month) (day) (year)	Accident, suicide, or homicideaccident Date of	m.Z.:/.m.A.:/	
Cometery or crematory Hill crest Cemetery	Where did Injury occur? BATTELSVIIIeAILE ga	(State)	
Location Cumberland, Md	Junction Wellersburg and M	road.	
and S Wales	Means of Injury Autoraninto a rhipelat work?	no un	
Address Cumbuland And,	side of road.	- 15 T	
1 - 11/1+ 12 - 11/1	3. SIGNATURE / De M. D. H. V. De	or other	
19 July 30 19 47 Willy K. Walls M. Wall M. Walls	Address C Date signer		

information carefully. The of death clearly and legibl FOR BINDING ADING INK. Supply every item of Physicians: please write the causes RESERVED MARGIN

PLAINLY, V

WRITE

PLEASE

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WAITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /23

05628

18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infoota give residence of mother)	
County All E		BEA DIS	TANT	State W. V.A. County Meneral	
City or town	tside city or town lln	nits, write	LAND. RURAL and give nesrest town)		
How long in above place	of death?	1.00.0000000000000000000000000000000000	xx x x x x x x x x x x x x x x x x x x	(If outside city or town limits, write RURAL and give nearest town)	
Hospital Institution, or		eath occurre	Lital.	Street No. 30 River View Ave.	. /
Menu		DAVE		(If rural, give LOCATION)	
How long in hospital or		12.6% KM)	2.(a) If veteran, name war.	
3. (a) FULL NAME				3. (b) Social Security Number	1
JE	SSE HALTI			1705-16-732	Z
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	Α
MALE	WH TUF:	I N	ARRIED	20. DATE OF DEATH JULY 17.	M
	VTRO	JINIA	ZIMMERS	21. I CERTIFY that death occurred on the date above stated; that I gliended deceased from	~
6.(b) Name of husband			. дл	7-1- 1597 10 1-11	1
7. Birth date of			(c) If alive, give ageyears	and that I last saw h M.) alive oa	<u>Z</u>
deceased (mo., day, y			1898	Immediate ta ose of death DURATION	
8. AGE: Years	Months 10	28	If less than one day	Chrone Mounte	
		20	hrsmln.	Least assaul 6 7	u
9. BirthplaceW	• V A•	ounty, and	-4-4-		*****
			N MD. R.R.	Megen and Immous 4 ac	44
10. Usual occupation	W MA R	6 4 7 tax	11	montolis frame	
11. Industry or business	w. Ma. H	ST T M S	ı,y	an any	
置 12. Name	F. HALTER!	1AN		Other conditions	
13. Rirthplace	W.VA			(loclude pregnancy, within 8 months of death)	
当 14. Maiden name	MOYER L	ula		Major findiogs of operations of a la cla A comale	
14. Maiden name 15. Birthplace	W.V.			last of op. 1-16.47	
		ie Ha	alterman	Actorsy results 200	
				nerver or a W mt I the standard to which doubt should be charged statistically.	_
			Ridgeley, W. V.	22. VIOLENCE: If death was due to external couses, flit in the lollowing:	
Buria	A semoval Which?)	Date the	reof July 19: 194	Accidant, euicide, or homicide	
(Burial, cremation,	or removal. Which?)	shby	Cem.	Where did injury occur?	
cemetery or cremate	t Ashby		***************************************	Injured at home, farm, lodustry, public place (where?)	
Location			***************************************	Means of injury Injured at work?	
18. Funeral director				mound of impart	
Address	umberlan	d, Mo		D. D. Torse ma	
().0.	19 11-	1,1	wite of tout	23 SIGNATURE M. D. or other	L
Date rec'd by re	gistrar) 19	. W.	MACA A : IYAMA Begistrar	Address The die at Ord 9 0 Dale signed 1-11.4	-/
- Contested alog to			0-	Cunhenland, My	





MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93d

		のち	6/39
Reg.	Dist.	No	Charty

U			
	1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	other)
	City or town. Old to war Mary Is and ED # 1	PII	Allegany
	How long In above place of death? 70 years	City or town (11 outside city or town limits,	write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. R.D. # 1	OCATION
	How long In hospital or Institution?	2.(a) 1t veteran, name war	
	3. (a) FULL NAME	11.	3. (b) Social Security Number
		rtley	nore
l	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CE	RTIFICATION
	Mole White Morried	2D. DATE OF DEATH.	67 1841 4 A
	6.(b) Name of husband or wife Adurd Blackburn	21. I CEBTIFY that death occurred on the date above	2 1677 0
	Hortley 6.(c) If alive, give age 65 years	July Sh	ら イフェ … しか
	7. Birth date of deceased (mo., day, yr.) November 13, 1876	Immediate cause of death	DURATION
	8. AGE: Years Months Days It less than one day	cellulity	LEFE
	70 8 14min.	llan una	142
	9. Birthplace Old to wn Alle od ny Mory I dn d	Due to	3
	1D. Usual occupation	Due to	
	11. Industry or business Own Farm		
	12. Name Riley Hartley 13. Birthplace Oldtown, Maryland	Dther conditions Charm	morened & there
		(Include pregnancy within 3 me	onths of death)
	14. Maiden name Malinds Ceckley 15. Birthplace Oldtown, Maryland.	Major findings of operations	
-			
1	16. Intermant Mrs. W. M. Hartley	Autopsy results	ch death hould be charged statistically
	Address RD#1 Oldtown, Md.	22. VIOLENCE: If death was due to external cause	
	Burial, cremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide	
	Cemetery or crematory Hartley Family Conetery	Where did Injury occur?(City of town)	
	Location RD # 1 Old town Md.	Injured at home, farm, Industry, public place (whe	
	dalo.	Means of Injury	Injured at work?
	18. Funeral director		Maria MI)
	Address Comperidad, Ma.	23. SIGNATURE	M. D. or other
J	19. Lules 30, 19 47 6.11. Olamor	(Thurst	7. 7-28-

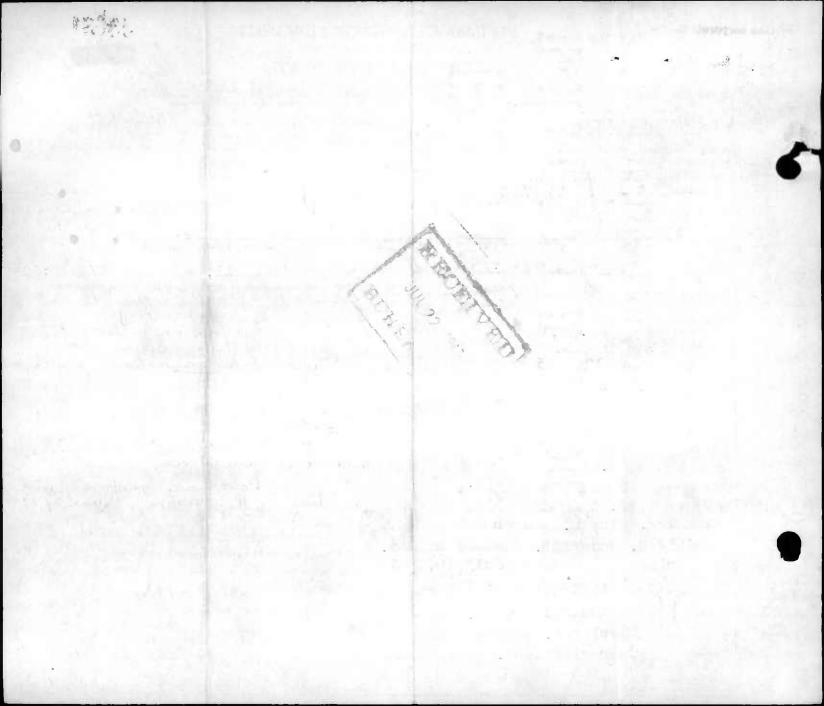


James Come Do

2411 N. Charles St., Baltimore Had

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/ .	-	CERTIFICAT	TE OF DEATH	Reg. Dist. No
How long in above place of dea Hospital, Institution, or street MEMORIA How long in hospital or Institution, and FULL NAME HAUGER.	NY LAND eity or town lin th? address where d L HOSP	nits, write RURAL and give nearest town) 1.3. DAYS path occurred: ITAL 1.3. DAYS	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State. MARY I AND. (If outside city or town lim Street No. 1.1.2 N. CFDAF (If rural, give 2.(a) lit veteran, name war.	OF DECEASED: f mother) ounty ALLEGANY its, write RURAL and give nearest town)
MALE	HTTE	MARRIED	20 DATE DE DEATH ATTITUY 7.7	194.7., 219
	AUG.16 Months :10	5. (c) If alive, give age	21. CERTIFY that death occurred on the date a	
1D. Usual occupation	JEWLE	3	Due fo	Δ
		R JOHN	Other conditions My o Cardral and do sawfue of (Include programs within	
	SM ITH	SAVILLE	Major finding of operations	fratingate of op June 27
16. Informant Mrs.	Nina L	Hauger	Autopsy results	C
Address 112 N.	Cedar	St. Cumberland, Md.	PHYSICIAN: Please underline the cause to	
Burial (Burial, cremation, or re	moval, Which?),	Date thereof July 14, 1947 (month) (day) (year)	22, VIOLENCE: If death was due to external of Accident, suicide, or homicide.	Date of
Cemetery or crematory	H111C:	rest Burial Park	Where did Injury occur?(City or town) (County) (State)
Location	Cumbe	erland, Md.	Injured at home, farm, Industry, public place	(where?)
		L. George	Meens of Injury	Injured at work?
* /		and, Md.	Car lon	27am Jr. 741 8
18. (Date rec'd by registrar		11 1 1 1 1	23. SIGNATURE G. G. Address Combesland	M. D. or other To Date signed (1)



ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and l

PLAINLY, vis especially

WRITE

PLEASE

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BINDING

RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore // la/

CERTIFICATE OF DEATH

S 05631

1, PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
Comberland				stateWest Virginia		
City or town	uniber Land	mits, write	RURAL and give nearest town)			
New lens to above plans	of death?	& Dav	g	City or town Romney	limits, write RURAL and give no	arest town)
How long in above place Hospital, institution, or	street address where	death occurr	ed:			arest sowny
			***************************************	Street No.	l. give LOCATION)	
	r Institution? $1\frac{1}{2}$			III.		
		ua.y.s		2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
Mr. Wade	Herriott				Morace	
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Male	White	Cir	orl o			20 00
Mate	MIIT CG	STI	ngle	20. DATE OF GEATH July 9	1947	, at .12:35
- 41 × H			t	21, I CERTIFIC that death occurred on the d	ate above stated; that I attinded deci	eased from A.M
				* 4 4 /	19 47 10 Jula	1 18 4
7. Birth date of		6.	(c) If alive; give ageyear	and that t last saw hammalive on		19
deceased (mo., day,	yr.) Decembe	r 22	1881			DURATION
8. AGE: Year		Days	If less than one day	Immediale cause of death	7.7	. OUNATION
65	6	17	hrs min.	Luco		***
- 0)	0	do f	The state of the s	·		
9. Birlhplace	(Town,		West Virginia	Due to Sup lune	I galle	
			39	ular		
10. Usual occupation.	Farmer and	Stock	breeder	. Que to		
11. Industry or busines	s			046 10		
		riott		***************************************	**************************************	***************************************
F	91119 H. H. H. J. J. G. A.			Other conditions		***************************************
			st Virginia	(Include pregnancy wit	thin 3 months of death)	-
# 14. Maiden name	Susan Ree	se			1100	411
14. Malden name 15. Birthplace			est Virginia	Major findings of operations	yana o	
≥1 15. Birthplace	7-1			ulu !	Qate of op	
16. Informant	^M emo	rial I	lospital	Antopsy resnits		
Address	Cumba	mland	Md.	PHYSICIAN: Please underline the cause	to which death should be charged	statisticatty.
				22. VIOLENCE: If death was due to exter	rnal causes, fill in the following:	
17. DULT	ial n, or removal. Which?	Date the	7/13/47 (month) (day) (year)	Accident, suicide, or homicide	Dale of	
	S		ield Cemetery			
Cemetery or cremat	•,,			Where did injury occur?(City or t	town) (County)	(State)
Location	Sp	ringfi	eld, W. Va.	Injured at home, farm, industry, public pl	ace (where?)	
		ph Gut	hrie	Means of Injury	Injured at work?	*
1B. Funeral director	Ral	TI OUL		-1	16	
Address	Sprin	gfield	. W. Va.	11.0	4. mace	
() 1	117	711-	To O to I m	23. SIGNATURE	M. D.	or/ther
19. Xuly	11, 1947	wa	Well K. J. Yawaz . W. Registra	Iddison Cunth	Date signed.	July 9.
Music ree d py re	Rioriui)		acura l'agistia	Numicos		



DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

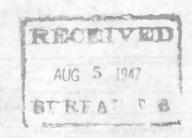
588-

M. D. or other
Date signed 3/ July 47.

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2.5 day 5 Hospital, institution, or sirset address where death occurred: MEMORIAL HOSPIPAL How long in hospital or institution? 2.5 DAYS 3. (a) FULL NAME MRS . PAULINE HINKLE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	2D, DATE DF DEATH JILLY 31 18 47 217:37 Am
6.(b) Name of husband or wife I.FSTER HINKLE S.(c) If alive, give age 38 years 7. Birth date of deceased (mo., day, yr.) MARCH 19, 1909	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from 19. 4. 10. 19. 4
8. AGE: Years Months Days If less than one day 4 1 2hrshrs.	Cardias Farling
9. Birthplace WEST VIRGINIA Pow Pow (Town, county, and state) 10. Usual occupation. HOUS FMIFE 11. industry or business Own home 12. Name. C. P. AIDERTON. 13. Birthplace WEST VIRGINIA	Due to Survival Survi
14. Matden name. NELLIE HAYMAKER 15. Birthplace WEST VIRGINIA	(Include pregnancy within 3 months of desth) Major findings of operations
16. Informant MEMORIAL HOSPITAL Address CUMBERIAND MARYLAND 17. Buria Date thereof Property Location, or removal. Which?) Cemetery or crematory Hillarest Cemetery Connection Casama Serial Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly, MARGIN RESERVED FOR BINDING

VS A15



Within corporate limbracyles WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

RESERVED

MARGIN

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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,		CERTIFICA	TE OF DEATH	Reg. Dist. No	4
How long in above place Hospital, institution, or MEN How long in hospitat or	BERLAND of death? 13 I street address where to MORIAL HOSE Institution? 13		Street Ho. 18t. Z	coof mother) County	nearest town}
3. (a) FULL NAM	E		\$	3. (b) Social Securit	
	JEFMAN JR.	10/-10:-1		11000	2
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
MALE	WHITE	SINGLE	_ 20, DATE OF DEATH JULY	15 19 4	7. 4.458
		S (c) If alive give age year	21. I CERTIFY that death occurred on the dat	ite above stated; that I attended de	ceased from
7. Birth date of	(c) FEB. 17	6.(c) If alive, give ageyear	and that I last saw hallve on	July 15	-
8. AGE: Years		Days If less than one day 2.8min.	Abscess of Bra		
		county, and date)	Due to Chronic Mast	oiditis	5 yrs
	Student s	£ 500/	Oue fo Chronic Otit	is Media	.5 yrs
12. HameCA	RI HUFFMAN		Other conditions	***************************************	****
13. Birthplace		NIA, Dry Fork	(Include pregnancy with		
E 14 Maiden name		Fnon	Major findings of operations. Mass to	of ditte and A	beace
0.00			Major findings of operations.	Date of op.7/	3/17 27/1A
		NIA, Dry Fork			337
		man 3ri	PHYSICIAN: Please underline the cause	to which death should be charge	ed statistically.
Address TC+. Z	Cumber		22. VIOLENCE: If death was due to extern		
17 Burial	, or removal. Which?)	Date thereof Tuly 19 1947 (month) (day) (year)	Accident, suicide, or homicide		
		Family Cometery	Where did Injury occur?(City or to		(State)
	Davis	. 1 ./ 7	Injured at home, farm, industry, public place		
	111	7 11 1	Means of injury	Injured at work?	
18. Funeral director	John life	of rudop 1	23. SIGNATURE.	R. Wex	ers M &
19. July	/7 194/	Senter & Tranta	Address Curfeel	end and Date signe	7//b/V7



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	All .	1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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<u> </u>	
1. PLACE OF DEATH: allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For nowborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County allegany
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No. P. 7. D. /
R. 7. 8. 1.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
John Marshall Kase	camp 3. (b) Social Security Number
4. Sex 5. Color or ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M while married	20. DATE OF DEATH July 17 1947 at 30 9 m
8.(6) Name of husband or wife. Mellie Kasecamp	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jane 17 18 47 10 July 17 19 47
7. Birth date of deceased (mo., day, yr.) Dec. 29, 1859	and that I last saw husealive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OUBATION
87 6 18 min	Myrcardial degeneration ?
000 0 500 1	:
8. Birthplace (Town, county, and atate)	Due to
10. Usual occupation tarmer	
11. Industry or business Oven farm	Oue to
12 Name Frederick Rasecomp	Other conditions Phenomaliam 18 411
12. Name trederick Rasecamp 3. Birthplace Germany.	
14. Malden name. State Duff 15. Birthplace Scalland	(Include pregnancy within 3 months of death)
S 15. Birthplace Scalland	Major findings of operations.
Daniel Harris	
(1 - n D. D n - n)	Autopsy results
Address Mille Means, 1814.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or fergoval, Waich?) (Burial, cremation, or fergoval, Waich?)	Accident, suicide, or homicide
Cemetery or cremators I. Latrick cinctery	Where did injury occur?
Location Rittle Orleans Md.	(City or town) (County) (State)
H Wayne Geange	Means of Injury tnjured at work?
(Ih	0 0 1.0 .
0000	23. SIGNATURE X. U. Walson
(Date rec'd by registrar) 1947 Mrs C. a. Shanhol	Address M. D. or other / 7

rrect age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95 6

1. PLACE OF MAIN:	(For newborn infants give residence of mother)
County allegany	
City or town	State Maryand County allegany
	City or town Cumberland
How long in above place of death? 43 300 , Jan 13 da	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. 3/8 Holand Sh
Allegany Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
(hages, I stank	
Thurs a sora n	esur I was
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The de with Channel	(1), - 40, 100
Tomas Tomas mirries	20. DATE OF DEATH
Blancad & Dinley	21. I QERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	hos 1 1943 10 July 5 1947
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 1 1 1 1 1 9 0 3	Immediate cause of death DURATION
8. AGE: Years Months Bays If less than one day	Con-e Time heart failer 1860
42 7 23hrsmin.	
73 / / 3	
a Rithalaca Cumberland had	Oue to Munitic head Sylver
9. Birthplace (Town, county, and state)	
10. Usual occupation. Thomselves	
10. Usual occupation.	Due 10
11. Industry or business at Thomas	
I 12. Name Charles Pollows	Biber readibless
T 12. Name	Dther conditions
13. Birthplace	The state of death
5 June Ganette Golf.	(Include pregnancy within 3 months of death)
14. Malden name. WWW. June Jan.	Major findings of operations
15. Birthplace and	Date of ap
RILL AND RIVER	1 1 1 1 1 1
18. Informant Ourmand College	Autopsy results.
Address tournterland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill the following:
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, Science, or Associated and
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Cumpterland Trol	Injured at home, farm, industry, public place (where?)
V. H. 1000	Means of injury injured at work?
18. Funeral director	1 11.
Man And And A	Marion MI
Address Complexant.	23. SIGNATURE
1 / 1 7 47 White & March Mr.	M. D. or other
19. Date rec'd by registrar)	Address Jy slone // Date signed
(ACL) And	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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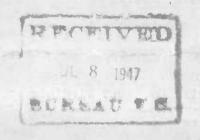
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me	DECEASED:
County			•••••		444
UII UI 10Wd			URAL and give perset town)	State West Virginia Coust	
How long in above place of death?				City or town Romney	write RURAL and give nearest town)
			f:		
45	7 Chestnut	St		Street No	OCATION)
0.41400400110110101010101010101010101010				2.(a) tf veteran, name war.	J. Carrott,
How long in hospital or institution?				2.(d) if veteran, name war	
3. (a) FULL NAMI					3. (b) Social Security Number
	Alice	Kessel			None
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CEI	RTIFICATION
Female	White		Married	T-17-7	47 4-15 A
				2D. DATE OF DEATH. July 1	
6.(b) Name of hyaband	Cha Cha	arles A	. Kessel	21. I CERTIFY that death occurred on the date above	stated: that attended deceased from
O. (O) Hamile of Heading			c) If alive, give age	May 19.7	7 10 July 1847
7. Birth date of				and that I last saw h. 9. alive on	Wef// 18.4.7
deceased (mo., day, s	April	11 188		Immediais causa of death	DURATION DURATION
8. AGE: Years	Months	Days	If less than one day	Immediais quasti death Cara	is-Tpacular /6 grs .
67	2	20	hrsmi	beyal ale	slåse '/
9. BirthplaceR	omney, Hai	npshire	Co, West Virgin	Due to	
40 Havel econociles				***************************************	***************************************
10. Usuar occupation		11	••••	Due to	***************************************
11. Industry or bueless	77				
里 12. Name	Kex	Clemm		Dther conditions	
13. Birthplace	Roi	mney, W	. Va.	(Include pregnancy within 3 me	
*	Alber	ta Bell			
王 14. Maiden name.				Major findings of operations	
15. Birthplace	Romn	ey, W.	Va.		Date of op
14. Maiden name. 15. Birthplace	Charles	A. Kes	sel	Autopsy results	***************************************
TO. INTUINANT			berland, Md.	PHYSICIAN: Please underline the cause to which	ch death should be charged statistically.
				22. VIOLENCE: It death was due to external cause	es, till in the tollowing;
Burial Barial Date thereof July 3 1947 (Burial, cremation, or removal, Which?)				Accident, puicide, or homicide	Date of
(Burial, cremation, or removal, Which?) (month) (day) (year)					
Cemetery or crematory. Ebenezer Cemetery				Where did Injury occur?(City or town)	
Location Romney, W. Va.				Injured at home, tarm, industry, public place (whe	
			ight	Meane of Injury	injured at work?
Address		land, N			Joseph me
0 1			1. T D fait y	33. SIGNATURE 2 True C	M. D. or other,
19. Kuly	3 19 4	I W	my K. Vally, "	Address Andress	12 Date signed 7/2/47



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Within co		EPARTMENT OF HEALTH
rect ag		TE OF DEATH Reg. Dist. No.
information carefully. Thecors of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number
G inf	4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced Mule White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
CRVED FOR BIN. Supply every it please write the	8. (b) Hame of husband or wife	21. Lacatify that death occurred to the date above stated; that lattended deceased from
MARGIN RESH WITH UNFADING INK important. Physicians:	10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name.	Other conditions Time Time Time Time Time Time Time Time
PLAINLY, WIT	16. Informant Address 17. Buriel (Buriel, cremation, or removal, Which?) Bate thereof (day) (year)	Autopsy results
VS A15 PLEASE WRITE I	Cemetery or crematory. Location. Location. 18. Funeral director. Ellewasth ABoul Address Wislanupart	Where did Injury occur?
VS PLI	19 July 28, 19 47 Winter R. Danly M	1. Sonardie M. J. or other 1/28/47

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Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

		CERTIFICA	ALL OF BLATTI	Reg. Dist. No
1. PLACE OF DE	All	egany	2. USUAL RESIDENCE (HOME) (For newborn infants give residence Maryland	of mother)
City or town Cumber land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Woodlawn, La Vale			City brook Cumberlan. (If outside city or town in Woodlawn,	d Kula (mits, write RURAL and give rearest town)
How long in hospital o	r institution?		2.(a) tf veteran, name war	
3. (a) FULL NAM		alie Kifer		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Female	White	Married	20. DATE OF DEATH July	21 1947 at 6 P
6,(b) Name of husband 7. Birih date of deceased (mo., day,		Clellan Kifer 6.(c) If alive, give age 57 ye 10. 1901	21. I CERTIFY that death occurred on the date	19.46 10 July 2/19
8. AGE: Years		Days If less than one day		G. Janes
1D. Usual occupation	(Town, Housewi	gany Co, Maryland county, and state) fe	Due to	
12. Name		yers nna		
	Elsie Sta		(Include pregnancy within	
16. Informant	Mr. McClell	an Kifer	Autopsy results	which death should be charged statistically.
Burial Date thereof July 23, 1947 (Burial, cremation, or removal, Which?) Cemelery or crematory Glendale Commetery			Where did injury occur?(City or tow	Oate of
18. Funeral director			Means of Injury	Injured at work?
19. July	Z 3 19 4 7	Winter P. Frantz M. Regist	23. SIGNATURE Address Eumberland	md. Date signed 7/21/4

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and FOR BINDING MARGIN RESERVED

PLAINLY, vis especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marvland County Allegany Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 203 Paca St., (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex Male 5. Color or race White 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION A.M. 2D. DATE OF DEATH July 16, 1947 12:25.4
S.(b) Name of husbend or wife. Josephine Troutman B.(c) If alive, give age	20. DATE OF DEATH 21. I CERTIFY that death occurred on the dete above stated; that I tiended deceased from 12.
Address 17. Burial 18. Philos Cem. Westernport, Md. Location Charles L. George Address Cumberland, Md. 19. July 18, 1947 (month) (day) (year) (month) (day) (month) (day) (year) (month) (day) (month) (day) (month) (day) (month) (day) (mon	22. VIOLENCE: If deeth was due to external ceuses, fill in the following: Accident, suicide, or homicide

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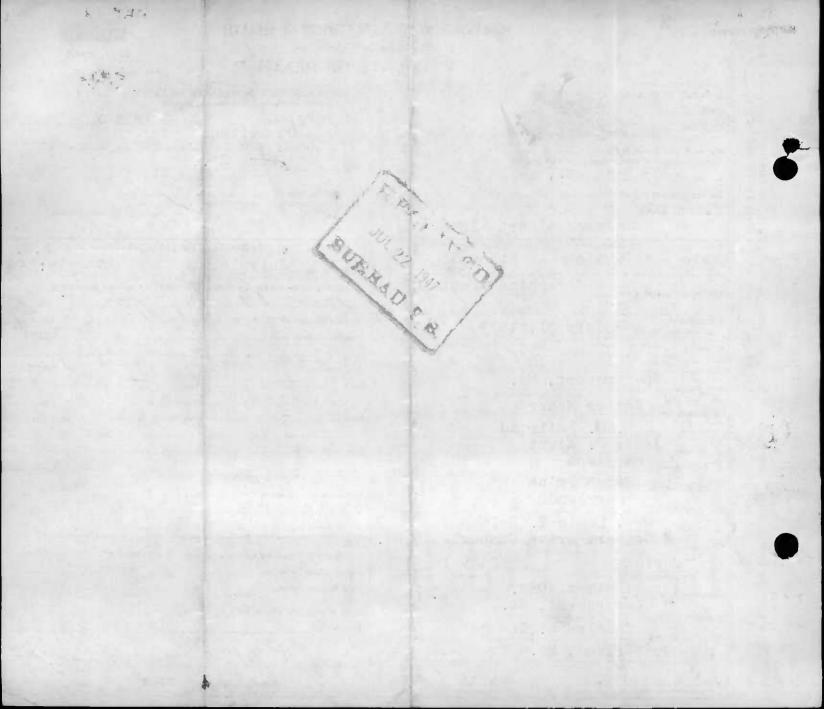
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ALLEC		3.64 THET A 3.77	State MARYLAND County ALLEGANY		
City or town					
Now long in above place	of death?		(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where d	eath becorred:	Streel No. R.F.D.#1		
		DAVE	(If rural, give LOCATION)		
	r Institution?20.		2.(a) If veteran, name war		
3. (a) FULL NAM	Ŀ		3. (b) Social Security Number		
	OTHY KILI		214-01-3734		
4. Sax	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE	WHITE	MARRIED	20. DATE OF DEATH JULY 19, 1947 19 211:43 M		
& (h) Name of husband	MARGO	RET LEWNAN	21. I CERTIFY that death occurred on the date above stated; that lattended decessed from		
O.(O) WSING OI HUSDANG			10 10 January 13 19		
7. Birth date of			and that I last saw I alive on		
8. AGE: Year		Days If less than one day	Immediate cause of death DURATION		
0. Add.		/ 6 hrs			
58 5	+	- mi			
9. Birthplace	Mrypr	reductive and state)	Due to		
10. Usual occupation.	Clark in	Check Weighman	for the state of t		
	Contalia	ation Coul and food C	Due to J		
11. Industry or busines	ATRICK KI	T DITTUE			
E	Ar. J. Ar. J. Mar. Mar. J.		Other conditions		
	264 7000 110000	second	(Incinde pregnancy within 3 months of death)		
14. Maiden name 02. 15. 81rthplace	MARY WHIT	Ω	Major findings of operations.		
15. 81rthplace	11	Treland	Bate of op.		
16. Intermant	Mos. K	ldgeff	Antopsy results.		
Address	Ocean	me.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
" Buch	isl	Date thereoftely 22, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation	n, or remofal Which!)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory My LL	had Johnson	Where did injury occur?		
Location	Wester	uport, ma	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	M. 6.	chlon	Means of injury injured at work?		
4	-	· Gad.	3/4/1/ m 10		
Address	ana	11/11 0+ 1 h	23. SIONATORE M. D. or other		
19. Xaley	21, 1947	Winter K. O. Cuts	Addess Signed 7.2.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

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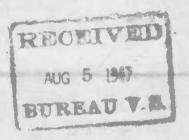
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CEPTIFICATE OF DEATH

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Reg.	Diat.	No.	4	
acco.			 	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced white Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH July 26, 1947 at 38 Pm
8. (b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Bays If less than one day 4	21. I CERTIFY that death occurred on the date above stated; that I stiended deceased from 19. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
11. Industry or business 12. Name Danid Printer Maching 13. Birthplace Methyrille and .	Dither conditions
14. Malden name Mary A. Inasterior 15. Birthplace Front Royal, Vo. 16. Interment R. L. Kirksinger Mary Address Prostup Service Mary	Major findings of operations
17. Burial, eremation, or removal. Which?) Cemetery or crematory. Skilled Still Const.	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Bagelachatz & Coffman Address Practinoffic W. Car On 1 2 V US Veritor R North M.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 28. SIGNATURE M. D. or other
19. XXXIII 19. The Abate rec'd by registror	Address Date signed 1/264

Mary Co



Within corporate limits, 7r. Faw MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore M CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Allegony State Mary land County Allegany (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town information carefully.

of death clearly and | How long in above place of death? 3.5 1 8 4 5 Hospital, institution, or street address where death occurred: 29 Browning Hospital (If rural, give LOCATION) How long in hospital or institution? week 3. (a) FULL NAME 3. (b) Social Security Number Bessie Belle Kirby B.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION FOR BINDING F 51741c 20. DATE OF DEATH TULY 5 19 47 21 12-140 R. M 24 CERTIFY that death occurred on the date above stated; Ihal attended deceased from 6.(b) Name of husband or wife..... 7. Sirth date of June 6 deceased (mo., day, yr.) DURATION Years Days If less than one day 8. AGE: MARGIN RESERVED 29 60 G INK. 9. Birthplace Language (Town county, and state) 10. Usual occupation Textile worker 11. Industry or business C.C. of A 12. Name Toly Tandal

13. Birthplace Longconing 12 Name Toby Randolph Kirby (Include pregnancy within 3 months of death) 14. Malden name Hunnah Arbogast 15. Birthplace Long coning



PLAINLY, is especially SE-WRITE

Date Thereof Ty 1 8 194 18. Funeral director...

16. Informant Mrs. Mary Carte

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, flil in the following:

Accident, suicide, or homicide. Where did Injury occur? .. (County)

Injured at home, farm, Industry, public place (where?) .. Means of Injury

M D, or other

(State)





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infante give residence of mother)
County	
City or town Frostburg Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Garrett
How long in above place of death? 3.1/2 hrs	City or town Rural Star Route Frostburg Md
Hospital, institution, or streel address where death occurred:	Street No.
Miners Hospital Frostburg Md.	(If rural, give LOCATION)
How long in hospital or institution? 3.1/2 Hours	2.(a) If veleran, name war. World. War.
3. (a) FULL NAME	3. (b) Social Security Number
Elzie F. Layman	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h im ally De ad July 31 19.17.
deceased (mo., day, yr.) Feb. 7 1898 RACE. Years Months Days If less than one day	Immediate cause of death
G. AGE.	Pulmonary hemorrhage & fractured
49hrsmin.	ribs, left side of chest. 4 hour
9. Birthplace Avilton Md. (Town, county, and state)	Due to
1D. Usual occupation farmer	Que to Hit & run driver : Premeditated
11. Industry or business	Ran him down an purpose, 9/0/47-03.
12 Name Louis H. Layman	Other conditions Fractured left scapulae
12. Name Louis H. Layman 13. Birtholace Avilton Md.	large laceration of back & scalp
14. Malden name Minnie Dorsey	
	Major fiodiogs of operations.
	Dale of op.
16. Intermant Mother - Mys Taces Layman	Actopsy results
Address Starkt. Frasiling, nich.	
17. Bund Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide 40 homicide miles west of the of 7.30.47 Where did injury occur? Frostburg Garrett Md. (City or town) (County) (State)
Cemetery or crematory St. Queles Celletty	(City or town) (County) (State)
Location arulture, md.	Injured at home, farm, industry public place (where?) Foutto 10 near Means of Injury Hit & run drive moured at work?
18. Funeral directed W. M. Wcietelling	Means of Injury Hit & run drive moured at work?
Les to 11.	Seputy Medical Examiner - Allegany Co.
Address Alaulsville, Md.	23. SIGNATURE H. V. Deming H.D. H. V. Drumy M.D.
10 7-31 104) mes Haury N. Rop	M. D. or other
(Date rec'd by registrar) Registrar	Address and I ad Date signed 7:39/47



EASE

Reg. Dist. No ... County Allegany 3. (b) Social Security Number 1) 1947 al 9:55 A. M 7 to la OURATION Injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

05646

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Allegany	State Maryland County Allegany
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
Little Orleans, Md.	Street No. Piney (Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Theodore Thomas Man,	nove
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH July 14 1947 at 6 P. M
6, (b) Name of husband or wife May de Elmara	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Price Mann 6.(c) If allve, give age 59 years	- 1934 to July 14 1947
7. Birth date of deceased (mo., day, yr.) March 11. 1874	and that I last saw hom alive on fally 14, 19.4.
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION DURATION TO WEEK TO WEEK TO THE TOWN
73 4 3hrsmin.	f. W. L. H. Nellin & St. T. H.
9. Birthplace (Town, county and state)	L Due ta
10. Usual occupation Retired School Teacher	
1.18017 1.10.1+	Due to
	Cathait a defamant 13 mg
12. Name HENTY JANA 13. Birthplace Pennsylvania	Other conditions Althouses Alformant 1.3 years
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Fester 15. Birthplace Pennsylvania	Major findings of operations.
M. TT M	Date of op.
16. Informant	Actopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Little Orleans Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or cremetery Liney Plains Meth Church	Where did injury occur?
Location Piner Plains, Allegany Co., Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles R. Bast	Means of Injury Injured at work?
Address Hancock Md.	a water ma
10 July 18 19 47 mrs B.a. Showholt	23. SIGNATURE M. D. or other
19. State rec'd by registrary Registrary	Address Lettle Ollews M. J. Date signed 7/15/47



9.45-15M

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No ..

County			State. County. City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital	or Institution?		2.(a) It veteran, name war.		
3. (a) FULL NA		ashington Matthew	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	l'arried	20. OATE OF DEATH. July 23 19. 47	,10.30R	
7. Birth date of	and ar wite	an Mathews 6.(c) It alive, give age 9, 1859	and that I last saw h. A alive on	19 47	
8. AGE: Ys	are Months	Oays It less than one day 4hrs.	Immediain cause of death Acute Elouis		
10. Usual occupation	Carpent Rail-Ro	egany-Md. county, and state) .er-Foreman .ad	Myseculial Degeneration not Specified as thermetic	11/24	
12. Name	Not Known	hbaugh	Other conditions		
16. Informant	arry Mathe		Aotopsy results	statistically.	
17 Ruria. (Burial, cremati		Date thereot July 25, 4 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	(State)	
18. Funeral director	Ellsworth Westernno	rt.	7/1531	MD. or other ruly 3.5. 194	



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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

perate limits		CATE OF DEATH	U3648 Reg. Diat. No
1. PLACE OF DEATH: County	rite RURAL and give nearest town	Street No. 507 13	County County Write RURAL and Rus nearest was give LOCATION)
How long In hospital or Institution?		2.(a) If veteran, name war	
3. (a) FULL NAME	the ans	2 matting	(a) Social Security Num
Finale Haite 6.60	Single, married, widowed, or divorced	MEDIC.	AL CERTIFICATION
6,(b) Name of husband or wife	and matter	21. I CENTIFY that death occurred on the	sate above stated: that I attended deceased
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Da	9 26 1869 ys 11 locs than one day	and that last saw h alive an	his y
0. NG2.	O himson hrs.	min	
9. Birthplace	and atatest ledley	Due to Cro	-des
10. Usual occupation	-	Due to	
11. Industry or business 12. Name	Rulel	Dther conditions	
2	HA Trolle		within 3 months of death)
14. Malden name 15. Birthplace	Can In	Major findings of operations	Date of op.
16. Informant Lynn Citty	Just 1	Anippay results	nse to which death should he charged stati
Address 307 Baltis	te thereof July 12-19	22. VIOLENCE: If death was due to ex	
(Burial, cremation, or removal. Which?) Cemetery or crematory	te thereof (month) (day) (year	Where did Injury occur?(Gity o	
Location Counterlay	Jy md	Injured at home, farm, Industry, public	place (where?)
18. Funeral director.	Napes	Meens of Injury	tnjured at work?
			7 111



PLEASE WRITE

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SA

1. PLACE OF, DEA County Alleg

How long in above place Hospital, institution, or

How tong in hospital or 3. (a) FULL NAME

Female

7. Birth date of decaased (mo., day, m

8. AGE:

6.(b) Name of huaband

9. Birthplace Bar

1D. Usual occupation ... 11. Industry or business 12. Name.....

14. Maiden na 15. Birthplace 14. Maiden name...

16. Informant Address

Location 18. Funeral director

City or town.

4. Ser

MARILANU STATE DEFARTMENT OF HEA	STATE DEPARTMENT OF HEAD	DEPARTMENT	STATE	MARYLAND
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2411 N. Charles St., Baltimore

		CERTIFICA	Reg. Diat. No	***************************************	
PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
unty Allegany y or town			State Md. County Allegany		
(If outside city or town limits, write RURAL and give nearest town)		imits, write RURAL and give nearest town) アス	City or town		
w long in above place o spital, institution, or s		death occurred:		reat town;	
			Street No		
w tong in hospital or l			2.(a) If veteran, name war		
(a) FULL NAME	Mary Ja	nne M ^C Donald	3. (b) Social Security	Number	
Sea	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Widow	20, DATE OF DEATH July 22 19 47	17.30A M	
(b) Name of husband o	John John	James M ^C Donald	21. I GERTIFY that death occurred on the date above stated; that attended dece	sed from 2 19 4 7	
Birth date of			and that I last saw hard alive on July 22	18.4.7	
decaased (mo., day, yr.	.,	15, 1867	Immediate Cause of death	DURATION	
AGE: Yasrs 79	Months 11	Days If less than one day	in. Cerebral Thrombous	6.475	
Birthplace Bar	ton-Alle	county, and state)	Due to Cerebral artiro Schrois	6 mo.	
). Usual occupation	House-	-work	Due to		
12. Name	Henry Mi Lonacor	ller ning, Md.	Diher conditions	•••••••••	
14. Maiden name	Dorcas	Duckworth	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace	Barton,				
B. Informant	arry McI	Oonald	Actopsy results		
	owson, 1	id.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Burial (Burial, cremation,			22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation,	707 1 7		Accident, suicide, or homicide		
Cemetery or cremator		1 > - 5	Whera did Injury occur?	(State)	
Location Vest ernport, Ild.			Injured at home, farm, Industry, public place (where?)	000100000111111011110110110010000	
8. Funeral director	liswortr	S. Boal	Means of Injury Injured at work?		
Address	o a to some		- Horman Teenes	M, u)	
Sully 2	4 1947	" Heagen in horning	23. SIGNATURE MONITORY CELLICY M. D. at Address Winterruport M. Date signed.	7-23-47	

RECEIVED

JUL 25 1947

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St. Stage W.

Outside of City Limits

MARGIN RESERVED FOR BINDING

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316-

CERTIFICATE OF DEATH

05650L

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 171/egany	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mary land county Allegany
(If outside city or town limits, write RURAL and give nearest town)	city or other Comparland, Part
How long in above place of death?	(If outside city or town limits, write RUR L and give nearest town)
Hospital, Institution, or street addess where death occurred	Street No. Poste 3, Gedford Road
THE 3 CHAPTIONS MA	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hannah Belle Mc E.	Itish your.
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	D 0 . 2 Vias
	20. DATE OF DEATH. 19.47 21.4:00
6.(6) Name of husband or wife ble Frank Ma Elfish	21. I CERTIFY that death occurred on the late above stated; that I attended decorated from
	Charles 1 19 W), 10 Charles 7, 19/
7. Birth date of	and that I last saw h. A alive on 7/2/1/2/19
deceased (mo., day, yr.) March 29, 1869	
8. AGE: Years Months Days If less than one day	Immedian cause of death DURATI
78 3 8hrsmir	in. Con
a Birtholan Bedford Co. Po.	Due to On I
9. Birthplace Bed ford Co. Po. (Town, county, and state)	Ola Medanis
10. Usual occupation Housewife	
/	Due to
11. Industry or business Owy 40 mg	- Camy Francisco
12. Name Amos Colmette	Dther conditions
13. Birthplace Bedlond (p = Pa	
M D D D A	(Include pregnancy within 8 months of death)
E 14. Maiden name acchaet School	Major findings of operations
15. 8irthplace Bedford Co. Pa	Date of op.
Yran mac & Dough	
16, Informant Dellas Information (1997)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address PCt 2 Keyser W. Va-	
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 300 Megnonal Cemeter	Where did injury occur?
Location Medi Cumberland, M. d.	Injured at home, farm, Industry) public place (where?)
910	Means of Injury / Ugordo at work?
18. Funeral director	// //////// 6
Address Cherles & Vand.	1 / MI/WILL AND B
AUDIESS TO THE TOTAL TOT	23. SIGNATURE
10 July 10 1047 Minter K. Frank, M	.D. Prother
(Date reed by peristrer)	at littled of head the second of the second

Mrc Haler ... " KAJ . BURE 8 '947

orrect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

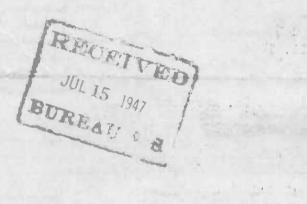
2411 N. Charles St., Baltimore 83d

05651

CERTIFICATE OF DEATH

eg. Dist. No. 4

		CERTIFICA	TE OF DEATH	Reg. Diat. No.	
1. PLACE OF D	EATH: Alles	any	2. USUAL RESIDENCE (HOME (For newborn infants give residence	e of mother)	
County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 45 Years		State Cumberland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)			
					Hospitat, Institution,
All	egany Hospit	al	(If rurai, give LOCATION)		
How long in hospital	or institution?	5 Days	2.(a) it veteran, name war		
3. (a) FULL NAI				3. (b) Social Security Number	
Salar Sa	Samuel	G. Myers		705-09-3627	
4. Sex	5. Coior or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Single	2D. DATE OF DEATH. Jul	y 5 147 12-014	
7. Birth date of	***************************************		" Lune 29		
deceased (mo., day		11, 1884	Immediate truse of death	DURATION	
8. AGE: Yes	are Months	Bays If leee than one day			
62	11	24hrsml	1. Henrelless	a, reglet rede 7 da	
18. Usual occupation	Iancock, Wasl (Town, c Brakeman	nington Co. Maryland	Bue to		
12. Name	lliam Myers Warfordsbu		Other conditions		
13. Birthplace	Wariordsbu	rg, ra.	(Include pregnancy within 3 months of death)		
置 14. Maiden nam	. Anna May	Baylor	Major findings of operations		
OF Birtheines	Hancock. Me	d.			
14. Maiden name Anna May Baylor 15. Birthplace Hancock, Md. 16. Informant Miss Susan Myers		Autopsy results	o which death should be charged statistically.		
Address 107	Park St. Cu	mberland, Md.	22. VIOLENCE: If death was due to externa	d causes. fill in the following:	
17. Burial Date thereof July 8, 1947 (Burial, cremation, or removal, Which?)			Accident, sutcide, or homicide	Date of	
Cemetery or crematory Dunkard Cemetery			Where did injury occur?(City or to	wn) (County) (State)	
Location Hancock, Md.					
		iam H. Kight	Marian Alabam	Injured at work?	
Addrese		and, Md.	7	1-1	
	7 194 7 registrar)	/	23. SIGNATURE	M. If or there 5	



Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

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	_			- 1

	CERTIFICAT	E OF DEATH	Reg. Dist. No	7
1. PLACE OF DEATH: County		City or town	Couply	irest town)
How long in hospital or instilution?		2.(a) If veteran, name war		
3. (a) FULL NAME Danid	Chester (Peck)	3. (b) Social Security 5/7-10 -	Number 6 2-68
mile mite 8. (a) Single	married, widowed, or divorced	MEDICA 20. DATE DF DEATH	11 110	11330
6, (b) Name of husband or wife Agnus. 9. 6. (c)	Aselson) It alive, give ageyears	21. I CERTIFY that with occurred on the d		1 19.42
7. Birth date of deceased (mo., day, yr.) Aug 7 18	15_	and that I last saw halive on	June 10	19.8.7
8. AGE: Years Months Days	If less than one dayhrsmin,	Immedia: cause of death	Z	DURATION 3
9. 8irthplace	ate)	Due to		
10. Usual occupation	. Sal.	Due to		* *************************************
12. Name Lewhys Certain 13. Birthplace	4	Other conditions Check	M plus	
HE 14. Malden name Maynus	Tmick	(Include pregnancy wit		
16. Informant MAS Charge	Bech.	Autopsy results		statistically.
Address 17. Burial, cremation, or removal. Which?) Date there	of My 14 47	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	rnal causes, fill in the following;	
Cemelery or crematory Asse Hu	el/ Cem	Where did injury occur?(City or t	town) (County)	(State)
Location Quembers	and MQ.	Injured at home, farm, industry, public pl		
18. Funeral director. Lavis Stery	i Onc.	Meens of Injury	Injured at work?	
Address unberley	+ 0 1 1 Ch	723. SIGNATURE Of MO	my lev	- Ab
19 July 14, 19 47 Um	Registrar	Address Cumberla	Date signed.	>-14-47

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FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully. The correction ortant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, vis especially i

WRITE

PLEASE

A15 SA A TENDER OF STANDER STANDER STANDER STANDER STANDERS STAN Mich Mich Miles

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 164C CERTIFICATE OF DEATH Reg. Dist. No...... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Allegany State Md. county Allegany City or town Cumberland Md.
(If outside city or town limits, write RURAL and give nearest town) Cumberland
(If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: Independence St. (If rural, give LOCATION) 2.(a) It veteran, name war World War L How long in hospital or institution?... information of death c 3. (a) FULL NAME 3. (b) Social Security Number Tolbert Raymond Peterman 214-05-6650 4. Sex 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING male white July married 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(6) Name of husband or wite Anna Eppler Peterman and that I last saw him all and July 7 19.47 7. Birth date of Oct. deceased (mo., day, yr.) Immediate cause of death..... if less than one day 8. AGE: Pulmonary hemorrhage RESERVED

63 Linotype operator

11, industry or business News paper 13. Birthpiace

MARGIN

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EASE

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(Burial, cremation, or removal. Which?)

Address (Date rec'd by registrar)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing;

Accident, suicide, or homicide Suicide Where did injury occur? Cumberland Allegany Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .home.(.bedroom.)

as above injured at work? Medical Examiner - Allegany

Que lo Shot himself with a 38 caliber revolver left side of chest.

Other conditions Illuminating gas & cut left wrist with a knife.
(Include pregnancy within 3 months uperficial

Que to Worry



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Within	DR. VAN ORMER 2411 N. Charles	PARTMENT OF HEALTH St., Baltimore 1516 E OF DEATH Reg. Dist. No.
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag is especially important. Physicians: please write the causes of death clearly and legibly.	1. PLACE OF DEATH: County Allegany City or town. CUMBERIAND City or town. CUMBERIAND City or town. CUMBERIAND City or town. Cumbers and complete the complete of death? 38. DAYS How long in above place of death? MEMORIAL HOSPITAL How long in hospital or institution? 38. DAYS 3. (a) FULL NAME CHARLES W PHILIPS 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MAIE WHITE MARRIED 8. (b) Name of husband or wife. MARY EISENTROUT PHILIPS 7. Sirth date of deceased (mo., day, yr.) AUGUST 26, 1893 8. AGE: Years Months Days If less than one day 53	E OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGAMY City or town ECKHART (If outside city or town limits, write RURAL and give nearest town) Street No. R.L. Fro. 2 D.D. P. Q. (If rural, give LOCATON) 2.(a) If veteran, name war. 3. (b) Social Security Number 2.14-05-9864 MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death grown on the date above stated; that attended depeased from 19. 1. to 19. 1. and that last saw M.1172 alive on the date above stated; that attended depeased from 19. 1. to 19. 1. But to 19. 19. 1. Unequal of death DURATION Unequal of death DURATION Other conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death aboutd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of
VS A15 9.4535 PLEASE WRITE	Cemetery or crematory 17/169any Cemetery Location Frost burg, Md. 18. Funeral director Tables of 14-fee Address Frankling, Many Panel. 19. Material dy registral) 19. Material dy registral	Where did injury occur?



FOR BINDING

MARGIN RESERVED

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 46 & CERTIFICATE OF DEATH

05655 Q

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Classification of the County Classific	5.1 (100
City or town (If optside city or town Apriles) write RERAL and give neglest town)	State County fellegange
How long in above place of death? 45	(If outside city or town limits, write RURAL and give neatest town)
Hospital, Institution, or street address where death occurred:	Street No. P.D. Xo 1 Box 83 Frostburg M.
V	(If rural, give L. CATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Effic Frances Pla	unner
4. Sex 5/color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I 1 Salita line	20. DATE OF DEATH July 17 1947 21 1.45PM
Temale water surge	20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(0) Name of nuspand of wife	3-28 1947 10 7-15 1947
6.(c) If alive, give age years	and that I last saw h 21 alive on 2-1-5 19 47
7. Sirth date of deceased (mo., day, yi.) Select 18th 1888	
8. AGE: Years Months Days If less than one day	7
0	Carenona of Common fuct ?
58 7 29hrsmin.	metastaies 8 miss
· Richalacollew Shalf allegury, Mid	Jamedice 4 mos.
9. Birthplace (Town, county, and staye)	The state of the s
10. Usual occupation.	Que to Cholocystitis (chr) +
11. Industry or business	chole lithiasis 30 yrs.
12. Name David To Thurmer 13. Birthplace Clarysville Jul	Dither conditions
13. Birthplace Clarysville 74	(Include pregnancy within 3 months of death)
# 14. Maiden name Caholine Seton	Major findings of operations Curcinima of Comman duct ?
DOLD IN A	Major findings of operations
15. Birthplace Old Town rud.	met to line. Thickened J.B. T. Standate of op. 4/24/47
16. Informant Occar (Shirings)	Autopsy results
Address R. D. #1 Box \$3, Frostling und	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / W. All / Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory. Alleganing.	Where did injury occur?
Location Front Burg, Rug T	Injured at home, farm, industry, public place (where?)
0. 17/2/2	Means of Injury Injured at work?
18. Funeral director	0 14 0
Address Frostburg Waryland	We will To Agreet with
The Dill IIA	23. SIGNATURE M. D. or other
19. 7-19 19 47 Nuo Kalley 14. 108	Address 5 9 & Main St. Fronthuggate signed 7/19/47
(Date rec'd by registrar) Registrar	Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information alectuly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cliy or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Allegany Barrellville
	City or town
Hospital, Institution or street address where death occurred.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Street No
B. L. J. C. G. J. J. B. D. A.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Darlene Mae Porter	AMO
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	O. 1 1/2 110 8.50
	2D. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	fully 61 1947 to fully 16 1947
7. Birth date of Ton 5 3046/	and that I last saw h. E.X. alive on tells 16 19 47
	Immediate cause of death
8. AGE: Years Months Days If less than one day	2
0 7 9hrs.	in. astron Menuona
9. Birthplace. Cumberland collect and state)	Due to
1D. Usual occupation	
	Due to
11. Industry or business	_
12. Name Elthea Porter 13. Birthplace Penna	Dther conditions arpylua.
₹ 13. Birthplace Penna	
14. Maiden nameJames Scell	(Include pregnancy within 8 months of death)
	Major findings of operations.
2 15. Birthplace Penna	Date of op.
16, Informant Mrs. Elthea Porter	Autopsy results.
Address Barrellville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof 7/19/47 (BBU Leaston, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
(monen) (day) (year)	
Cemetery ox white Oak	Where did injury occur?
Somerset Co,., Pa.	Injured at home, farm, Industry, public place (where?)
	Meens of Injury Injured at work?
18. Funeral director Harvey H. Zeigler	
Address Hyndman, Pa.	William Z. Miseley
1 1/2 18 113 11/11 15 1 3 -16	28. SIGNATURE M. D. or other
19. (Dato rec'd by registrar)	ar Address M. Lavage Wed Date signed 7-18-1947
Manual Company ()	Address



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information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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MARGIN

2411 N. Charles St., Baltimore

CEPTIEICATE OF DEATH

	CERTIFICAT	E OF DEATH	Reg. Diat. No.
	1. PLACE OF DEATH: County County	2. USUAI, RESIDENCE (HOME) O. (For newhorn infants give residence of State	F DECEASED: mother)
	City or town	2//	, write RURAL and give nearest (swn)
	How long In Hospital or Institution? I do care	Af rural, give	
		2.(a) If veteran, name war	
	3. (a) FULL NAME	Sr	3.(b) Social Security Number 219-03-9942
	4. Sex 5. Color or race 6.(a) Single, married, willowed, or storged	MEDICAL CE	ERTIFICATION 28 1947 11.45P
	6.(b) Name of husband or wife 6.(c) ly live, give age 7 years	21. I CERTIFY that death opported on the date abo	ve stated; that I attended deceased from 4.7 10
	7. Birth date of deceased (mo., day, yr.) July 4th, 1869	and that I last saw h . A.A. alive on	Ly 28, 0 19 4 7. DURATION
	8. AGE: Years Wonths Days If less than one dayhrs	Shock	2 / 15
	9. Birthpiace. (Toy), county, and states	Que to Gastric Herr	conhage 24 hrs. 4s
	11. Industry or business Brech Go.	Due to Verforaled lep	tic ulex
	12. Name Pare Pare Pare Pare Pare Pare Pare Par	Other conditions Densign Affect - Martalities at 5 mg (Include pregnancy within 3)	ight of protecte 3 yrs.
	14. Maiden name Sternsetta Steller	Major findings of operations	
	16. Informant Denny Pages I	ptopsy results. PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.
	Address gelierigh (185:#2 Josephi	722. VIOLENCE: II death was due to external caus	
	(Burial, cremation, or removal, Which) Date thereol. (month) (day) (year)	Accident, sulcide, or homicide	Date of
1	Location Location	Where did injury occur?	
	18. Funeral director Dae of Wash	Means of injury	Injured at work?
	Address Thostling Ind.	23. SIGNATURE Frank J.	- Harraf mi
	19. 7-30 19.47 Mus. Hauly X, Har	Addres 59 E. Main St	M. D. or other Application of the signed 7/29/47.



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1 PLACE OF DEATH.

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1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	-
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

2 HSHAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother)		
esternort - rural	state Maryland County Allegany		
City or town			
How long in above place of death? 50 years	City or town Westernport - rural (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: 1 mi no of Westernport	street No. 1 mi no of Westernport		
*	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jane Rollins			
4. Sex 5. Color or race 6.(a)Single, married, wlowed, or divorced	MEDICAL CERTIFICATION		
Female White Holende	20. DATE OF DEATH		
707-19			
6.(b) Nams of husband or wits	21, I CERTIFY that death occurred on the date above stated; that latended deceased from		
7. Birth dats of	and that I last saw h er alive on JV14 8 19 42		
deceased (mo., day, pr.) January 25, 1866	Immediair cause of death Carcinum of DURATION		
8. AGE: Years Months Days It less than one day	Liver With General		
81 5 14hrsmin.	Metastasis 3 Months		
9. Birthplace Scotland	Due to.		
(10wn, county, and state)			
10. Usual occupstion Domestic	Due to.		
11. Industry or business Cwm home	950 (
	Differ conditions		
E 12. Name Tohn C. Rollins Ineland			
M angent Wain	(Include pregnancy within 3 months of death)		
E 14. Malden name Marcaret Weir	Major findings of aperations. Non e		
14. Malden name warraret Weir 15. Birthplace Scotland	Date of op.		
16. Informant John Rollins, Sr.	Antapsy results.		
Address esternport, ryland	FRISICIAN: Flease daderine the cause to which death shauld be charged status conty.		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22. VIOLENCE: tt death was due to external causes, till in the tollowing; None		
Burial Burial Date thereot July 194 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Philos emetery	Where did injury occur?		
Location esternport, "aryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Fllsworth 2 Doal	Mesns of Injury Injured at work?		
	Ranka Milson MD		
Address "esternport, "aryland	23. SIGNATURE. (AND OF other		
19. Date ree'd by registrar Registrar	Dodge and M. 1/2		
(Date rec'd by registrar) Registrar	Address Date signed July 10, 1942		



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160 C

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CEDTICICATE OF DEATH

		CERTIF	ICATE OF	DEATH	Reg. Dist. No	7
1. PLACE OF DEAT			2. USUA	AL RESIDENCE (HOME) (OF DECEASED:	
			*************	MARYTAND co		
		ts, write RURAL and give nearest to	own)	vn. CUMBERIAND		
How long in above place of a Hospital, institution, or str	death?	HOURS				
		TAL	Street No	420 AVERITT A	L.V.Ere LOCATION)	
		HOURS		feran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
RINTON	BARY BO	v			Tope	'
4. Sex 5	Color or race	T.(a)Single, married, widowed, or divorce	ed	MEDICAL C	CERTIFICATION	
MALE	WHITTE	SINGLE	20. DATE 0	F DEATH	ly 1947	al 1:40
6.(6) Name of husband or s	vife			IFY that death ocporred on the date ab		
		6.(c) If alive, give age	vears	1 1 -	47.10 8 Jul	19.4
I. Birth date of deceased (mo., day, yr.)	July 8		and that I I	last saw in		195
B. AGE: Years	Months	Days If less than one day		ol death	- (7 mo)	DURATIO
		13hrs.	mtn.	Co-cumount	7	
0. Birlhplace			Due to			
11. Industry or business				20 0	$((\Lambda \cap \Lambda \cap A) \rightarrow A)$	
		LIAM	Dther condi	itions Oxorula		*****************
	RYLAND	TOTAL TRANSPORT		(Include pregnancy within 3	months of death)	
14. Maiden name AS	LIMENOKC	RUEVIENE	Major find	lings of operations		
	RYLAND				Date of op	
		nien	Antopsy re	esults	which death should be charged	statistically.
Address Cum	sher lo	nd, Md		ENCE: If death was due to external ca		
(Burial, cremation, or	a /	Date thereof Tuly 9, 19 (month) (day) (47 Accident. s	sulcide, or homicide		.,,
		Methodist Come		Injury occur?(City or town)		404-4-1
	7		• /	(City or town) home, farm, Industry, pub ¹¹ c place (1		(State)
Location Ft. A	2707 7	J. V9.	Means of Ir		Injured at work?	
18. Funeral director	They &	topic		9	1/7	1
Address Cull	luffan	al, rud,	Z3. SIGNA	Duller	B. Mulu	vil
19 Kuly 9.	19 4 7	Wenter F. fran	ta M.D.	11 S K. H. IL	0 /2 M. D. o	or other
//(Date rec'd/by regist	rar)	200	Registrar Address	11 CIDENINO	Oate signed	7 July



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MARYLAND STATE DEPARTMENT OF HEALTH

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RTIFICATE OF DEATH		Reg. Dist. No.
2411 N. Charles St., Baltimore	800	00000

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYLAND County ALLEGANY
City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest to	town)
Now long in above place of death?	(If outside city or town limits, write URAL and give nearest town)
Hospital, Institution, or street address where daylor occurred:	Street No. 123 Oak Sh.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 13 MINUTES	2.(à) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DAVID WESTLEY RYAN	1 Olone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce	medical certification
MALE WHITE MARRIED	20, DATE OF DEATH JULY 23 19 47 34:28 P
8.(b) Name of husband or wife MAHALA NORTHCRAFT	21. I CERTIFY that death occurred on the date above stated; that lattended receased from
	7-12-15 19 47 ml 23 19 47
7. Birth date of OCTOBER 22, 1865	and that I last saw h 1.721 allve on 19.47
deceased (mo., day, yt.)	Immediate cause of death DURATION
o. Auc.	Cerebral Vascular Lecident 4 days
02	min.
9. Birthplace MARYLAND (Town, county, and state)	Due to Severalized artino selecons 10 yrs.
RETTRED LEATUER WA	OFFER
	Due to
11. Industry or business Tannery	
12. Name JOHN RYAN 13. Birthplace MARYLAND	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. MARGARET HARTLEY 15. Birthplace MARYLAND	Major findings of operations
15. Birtholace MARYLAND	Date of op.
MEMORIAL HOSPITAL	Antoney painte
CTIME FOLAMO MARVIAMO	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)	(year) Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
D - D - IN	Injured at home, farm, industry, public place (where?)
Location Location	Means of Injury Injured at work?
13. Funeral director Arism Stem For	01/10
Address Comberland	(de there to sould be).
1 + 02 +	M. D. or other
(Date rec'd by registrar)	Registrar Address / 10 S. Centre St. Date signed 7-24-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, '

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MARYLAND STATE DEPARTMENT OF HEALTH

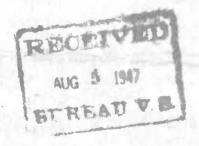
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

05661 Reg. Diat. No. 4

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County						
City or town			RURAL and give nearest town)	state haryland county Allegany		
How long to above place	of death? 68 Yr	s 2 Mc	20 Days	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurre	ed;	Street No. 166 Bedford St		
	166 Bedfor	d St		(If rural, give LOCATION)		
How long In hospital or				2.(a) If veteran, name war.		
3. (a) FULL NAME				3. (b) Social Security Number		
	Char	les Ed	lward Sanders	214-05-569	2	
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	2D. DATE DF DEATH July 30 19 47 at 1		
			STALK E. L.	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
6.(b) Name of husband				1 7 - 1/2 - X 1. 0 . 2A	4	
7. Birth date of		6.	(c) If alive, give ageyears	and that I booksaw h surve on Xuer 74 19	41	
deceased (mo., day, y	r.) May	10	1979	Immediate cause Adeath DURA	TION	
8. AGE: Years		Days	It less than one day	From Sevila	1	
68	2	20	hrs min.	X/Punt Disease		
9. BirthplaceCum	berland, A	llegal	y Co, Maryland	Due to Standard May SCA	Li	
1D. Usual occupation	Sta	ge Mar	nager		<u>,</u>	
as today as business	Marvi	and Th	neatre	Due to	9	
	Charle	s J. S	Sanders	Diher conditions	;	
13. Birthplace	Cun	nberlar	nd, Md.			
当 14. Maiden name	Marg	garet V	Vickroy	(Include pregnancy within 3 months of death) Major fiedings of operations		
14. Maiden name 15. Birthplace	Bed	lford (Co, Penna	Oate of op. 20	20	
16. Informant	Mrs Florer	ice Le	nard	Aotopsy results.		
Address 166	Bedford St	t, Cum	perland, Md.	PHYSICIAN: Please uoderlioe the cause to which death should be charged statistically.		
17. Buri	al	Date the	reof August 2, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
			ul Cemetery	Where did Injury occur? (City or town) (County) (State)		
Location	Chamber	land,		Injured al home, farm, Industry, public place (where?)		
		liam H	Kight	Means of tnjury Injured at work?		
Address		rland,		Mit Mills		
0			the trantom	23. SIGNATURE M. D. M. D. M. D.	K	
(Date rec'd by re	(istrar) 19.4.7.	00.6	Registrar	Address Lember Canada 1-31)-2	



18. Funeral director Address

Date rec'd by registrar) ...19

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			7 17

M. D. or other

CERTIFICATE OF DEATH

Reg. Dist. No ...

C 20	
- 10	ts, write RURAL and give nearest town)
Street No. 3 3 4 9 9 0 (If rural, giv	e LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
Savage	yone
U MEDICAL C	ERTIFICATION
20. DATE OF DEATH July	26, 1947 118:45P
21. I CERTIFY that death occurred on the date at	ove stated; that I attended deceased from
taly 8 19	47 10 feely 26 19 47
and that I last saw halive on	July 25 19 47
Immediate cause of death	DURATION
Hear failer	2
Due to Claterroule of	
	alled
Disease	
Due to. arteriorl	200cl
Other conditions	
(Include pregnancy within 3	months of death)
Major fiedings of operations	
	Date of op
Autopsy results	which death should be charged statistically.
22. VIOLENCE: If death was due to external ca	uses, fill in the following;
Accident, sulcide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury	Injured at work?
a signature Saville	le Go Wessen has

Ir Bedford

Registrar Address.





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ADING INK. Supply every item of Physicians: please write the causes

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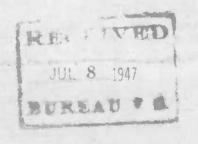
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

8			
On			al
Reg.	Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Pa. county Somerset		
How long in above place of death? 10 minutes	City or town	st town)	
Hospital, institution, or street address where death occurred:	Streel No. R. F. D. #		
Memorial Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 10 minutes	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Nu	ımber	
Walter C. Saylor	162-16-6	1868	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH	5.30P.	
6.(b) Name of husband or wifeCoraKendallSaylor	21. I CERTIFY that death occurred as the date above stated; that I attended decease		
	and that I last saw h im alive dead July 1		
7. Birth date of deceased (mo., day, yr.) April 20, 1894		OURATION	
8. AGE: Years Months Days If less than one day	Immediate cause of death	at once	
53 2 //hrsmin.		يًا مَها لَمُ لَا لَمَا اللهِ الله	
8. Sithplace Glencoe Pa. Somerset County	Oue to arteriosclerosis		
(Town, county, and state) 10 Hand county Painter Laberhanger			
10. Usual occupation.	Que to	• • • • • • • • • • • • • • • • • • • •	
ff. Industry or business (Suitable)		********************	
12. Name Albert Saylor 13. Birthplace Somerset Co. Peura		l year.	
	(Include pregnancy within 3 months of death)		
14. Maiden name Sylvin Crosby 15. Birthplace Somer set Co. Penna	Major findings of operations		
\$ 15. Birthplace Somerser S. Tenna	Date of op		
16. Informant Mad W. Sanglaz	Aotopsy results	atistically.	
Address RV, Jane Parch, Flung.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Bureal Date thereof when 4, 1947	Accident, suicide, or homicide	7	
(Burial, cremation, or removal, Which?) (manth) (day) (year)			
Cemetery or crematory AMAL Mulling M.	Where did Injury occur? (City or town) (County)		
Location Dand Palch, Penna.	Injured af home, farm, industry, public place (where?)		
A R. Konhaus	Means of Injury Injured at work?		
18. Funeral director	Deputy Medical Examiner - Alleg	any co.	
Address Meyersdale, Ferna.	23. SIGNATURE H. V. Deming M. D. H. V. Dem	2007/43	
19 July 1, 1947 Mules K Frank M.D.	M. D. or	. ~	
(Date rec'd/by registrar) Registrar	Address Date signed 7	-1-10 K.T.	



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DR. W.F. WMS

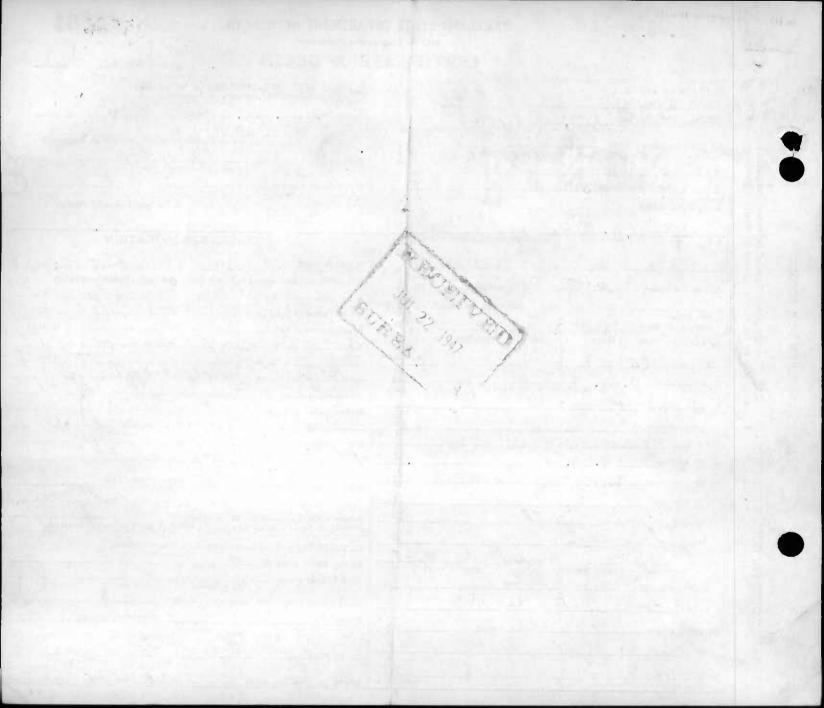
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

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CERTIFICATE OF DEATH

	rles St., Baltimore & 2
CERTIFICA	TE OF DEATH Reg. Dist. No
T. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospital Institution, or street address where Beath occurred: How long in hospital or institution?3DAYS.	
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT A. SEAL	None
4. Sex 5. Color or race S.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH
6.(6) Nama of husband or wife	Immediate cause of double the state of the s
Address Fena alfa . U Sa, 17. Burial Bate thereof (morth) (day) (year) Cemetery or crematory Levia Alfa . U Sa Location . Locatio	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE M. D. or other Address Lands Caux Date signed M.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care is especially important. Physicians: please write the causes of death clearly

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1 2 USUAL DECIDENCE (LICAME) OF DECEASED.

1. PLANTEGHANY	(For newborn infants give residence of mother)
CIMPERTAND MD	State W. VA. County MORGAN
City or town	
How long in above place of death?	City or town PAW PAW (1f outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
llow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SETE DADY DOY (DOWN A TYPE)	MAIL
SELF, BABY BOY (PREMATURE) 4. Sex 5. Color or race 6.(4) Single, warried, widowed, or divorced	MEDICAL CERTIFICATION 1; 25 A.M.
1	
MALE WHITE Jugle	20. DATE OF DEATH JULY 30, 1947 19 at
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	30 / why 19 17, to 30 /0-64 19 47
7. Birth date of	and that t last caw in allive on 20 19 19
deceased (mo., day, yr.) JULY 30, 1947	Immediate cause of death
8. AGE: Years Months Days It less than one day	
55MINUTEShrshrs.	asphysic
MEMORIAL HOSPITAL Gruberland Me	Due to
9. Birthplace (Town, county, and state)	of ollinger kinder
10. Usual occupation	Due,to
11. Industry or business	Memalerety
	Diher conditions
E IN TA	
	(Iuclude pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
JUDY HENRY 14. Maiden name	Date of op.
n. Zaib	Antanov recnite
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cumperland, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Cremation Date thereof July 30, 194' (Month) (day) (year)	
(2001)	Where did injury occur?
Cemetery or crematery Memorial Hospital	
Location Cumber kend . Md .	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Same as above	Maans of Injury Injured at work?
18. Funeral director.	110 0
Address	33. SIGNATURE M. D. or other
19. Aug. 6, 1947 Wenter R. Nanty 91	1 12 1 2 1 2 1 2 2 2 2
(Date rec'd by registrar)	Address Date signed 47



ALTE A.M.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1318

CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH: alleaner	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother)
City or town. Curbelland:	State Lenna County Dedford
(If outside city or town/limits, write RUBAL and give nearest town) How long in above place of death?	City or town(If outside city or pown limits, write RURAL and give nearest towu)
Hospilal netitution, or street address where soft occurred:	Street No
How long in hospital or institution?	2.(a) If yeleran, name war.
3. (a) FULL NAME James Edward.	Shaffer 3. (b) Social Security Number
Male white Married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Hame of husband or wife Cora Huffman Illa	20. DATE DF DEATH 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.)	years and that I tast saw h 24 alive on 7
8. AGE: Years Months Days It less than one day 8. AGE: 48 8 29	min. Immediate cause of death of DURATION 2002
9. Birthplace (Toys) county, and state)	Due to.
10. Usuat occupation	Due to
12. Name Samuel Allaffar 13. Birthplace Penna.	Differ conditions Marphallina 11 months
14. Maiden name Cennage Mullin 15. Birthplace Penna. A	(Include pregnancy within 3 months of death)
15. Birthplace Plenna.	Major fiadiugs of operatious
16, laterment Codeward Straffe	Autopsy results
Addiss Agnaman, 18. 11. Durise Date thereof July 14. 199	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removel. Which?) (month) (day) (year)	Where did injury occur?
Location Handman Fa	(City or town) (County) (State)
18. Funeral director Hadwey 71. Leigle	Means of injury Injured at work?
Address Hyndinghu, Pa.	2 13 SIDNATURE The a Lapper ma.
19 July (14, 194) Winter & Franks	M. D. or other

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Bultimore

05667

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF			
County				(For newhorn infants give residence of mother)			
Clty or town. Clf outside city or town limits, write RURAL and give nearest town)			IIRAL and give nearest town	State Maryland county Allegany			
How long in above place of death? 87 Years 7 mo 16 Days			ars 7 mo 16 Days	City or town (If outside city or town limits	, write RURAL and give nearest town)		
Hospital, Institution, o	r street address where	death occurre	1:	Street No. 205 Piedmont Av	re		
20	5 Piedmon	Ave	***************************************	(If rural, give			
How long in hospital o	or Institution?		······································	2.(a) If veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Security Number		
	Sallie	Shinho	lt		None		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	White		Widow	20. DATE OF DEATH July 2	7 19 47 at 6-45 A		
6.(b) Name of husband	or wife John	W. Shi	nholt	21. CERTIFY that death occurred on the date about	ve stated; that attempted deceased from		
			c) If alive, give ageyears	July 12 19.	7 to 19 T		
7. Birth date of				and that I last saw halive nn	20 A 3 V 19 7 /		
deceased (mo., day,		ember 1	t f less than one day	Immediate cause of death	2 DURATION		
o. Au.				aparara			
87	7	16	hrsmln.	C ()	acide roda		
9. Birthplace Cun	berland,	llegan	y Co, Maryland	Due to	d- Present		
]			Corgerana	, 7		
10. Usual occupation.		99	•••••••••••••	Due to			
11. Industry or busines		01.1.1.	7.1				
12. Name	Lewis		<u> </u>	Other conditions			
		rmany		(Include pregnancy within 3 n	nonths of death)		
14. Malden name	Nancy 1	McCandl	iss	· ·			
LOW SE Distributors	Sharp			Major findings of operations			
= 13. Bifthplace	Miss Haze						
16. Informant				Autopsy results	ich death should he charged statistically.		
Address 205	Piedmont 1	Ave, Cu	mberland, Md.	22. VIOLENCE: It death was due to external caus			
17 Bur	ial n, or removal. Which	. Date ther	eot. 7/29/47 (month) (day) (year)	Accident, suicide, or homicide.			
(Burial, cremation	n, or removal. Which	?) 	(month) (day) (year)				
Cemetery or cremat	Rose	3 TITIT	vemetery	Where did injury occur?(City or town)	(County) (State)		
Location	Cumber	rland.	Md.	injured at home, farm, industry, public place (wh			
18. Funeral director	William	n H. Ki	ght	Means of Injury	tnjyfel at work?		
Address	Cumberlas	nd, Md.		W.0V. N	la code l'illi		
19 July 2	9, 19 4	7. W.	ites R. Nauk, al	23. SIGNATURE Lawerlaw	1, M. D. or oth 8/4		
I Albata read d hy r	eofsfrar)		Ategistrar	Address	Date signed		



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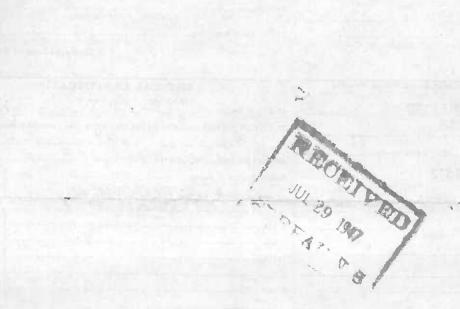
MARYLAND STATE DEPARTMENT OF HEALTH

harles	St.,	Baltimore	46

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on		CU
()	Reg. Dist.	No

CERT	TELL	CA	יקורוני	OF	DE	TL
CRRI		(A	J P.	OP.	Dr.A	X I FI

corporate limits DR TOPPER			PEPARTMENT OF HEALTH	056	68
1/		CERTIFICA	TE OF DEATH	Reg. Dist. No	40
How long in above place Hospital Institution of MEMORIA	BERLAND, M outside city or town li	mits, write RURAL and give nearest town) Support of the state of the	Street No	Dunty BEDFORD ts, write RURAL and give neare	st town)
3. (a) FULL NAM MRS. CAR 4. Sex				3. (b) Social Security N	umber
MRS. CAR	RIE SIDES			1 Mone	
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced		ERTIFICATION	
FEMALE	WHITE	MARRIED	20, DATE OF DEATH JULY 19, 1	[947 ₁₉ [2;	15 A
7. Birth date of	yr.) JULY I	716.(c) If alive, give ageyee 7. 1872 Days It less than one day .	21. I CERTIFY that death occurred on the date at 19 and that I last saw h alive on	47 10 July / X	19. DURA
8. AGE: Yea 75 9. 8irthplace	MINISTE VAN	TA county, and state)	Due to	7	
11. Industry or busine	88	FE	Due to		4454484444444
13. Birthplace	BERT CORLE PA. RACHAEL	COUCHENOUR	(Include pregnancy within 8		************
15. 8irthplace	Mr. 9	acat Sides	Major findings of operations		to tistically.
Add et s Add et s 17. (Burial, crematic Cemetery et creme	manch in, or removal. Which?	Date thereof (nonth) (day) (year)	22. VIOLENCE: If death was due to external c Accident, eulcide, or homicide	Date of	(State)
Location	Have Have	y H. Leigher	Means of Injury Means of Injury	l Josepher	
19. Date rec'd by	19147 registrar)	Sinter Trants	23. SIGNATURE Address Address	au Date signed.	1 Cm .



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UNFADING INK. Supply every item of information carefully, ant. Physicians: please write the causes of death clearly and le

important.

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PLEASE WRITE PLAINLY is especial!

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimor

05669

.Date signed.

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother) Slate
3. (a) FULL NAME Baby Boy Sla	3. (b) Social Security Number
5. Color or race 6. (A Single, profried, widowed, or divorced 5. (b) Name of husband or wite 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day (Town, county, and atate) 10. Usual occupation. 11. industry or business 12. Name 13. Birthplace 24. Name 25. Solor or race 6. (A Single, profried, widowed, or divorced 5. (c) If alive, give age years 14. June 15. Color or race 6. (A Single, profried, widowed, or divorced 5. (c) If alive, give age years 16. (c) If alive, give age years 17. Horizontal occupation 18. It less than one day 19. It less than one day 11. Industry or business 26. (a) Single, profried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from 19.5 to 19.5
14. Maiden name Blandaine Continues 15. Birthplace 16. Informant Date Information Date Infor	(Include pregnancy within 3 months of death) Major findings of operations

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	Reg. Dist. No
2. USUAL RESIDENCE (HOME (For newborn infants give residence	C) OF DECEASED:
State Maryland	County Allegany
City or town (If outside city or town I	n d imits, write RURAL and Ave dearest (own)
Street No.	county File s. a. m. s. imits, write RURAL and give searest foun) ### # 6 Columbia give LOCATION)

21. I CERTIEY that death occurred on the date above, stated; that I attended deceased from (Include pregnancy within 3 months of death)

PHYSICIAN: Please ooderline the caose to which death should he charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following

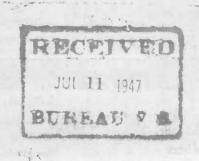
Injured at work?



2411 N. Charles St., Baltimore

/	••		CERTIFICAT	E OF DEATH
City or town	any ar Elle rslie utside city or town limit of death?	e, rural	nd give nearest town)	2. USUAL RESIDENCE (For newborn infant State Md. s City or town Elli (If outside Street No. St. F
	Baltimore of Institution?		R. Co. tracks	2.(a) If veteran, name war
3. (a) FULL NAME				
4. Sex	5. Color or race	6.(a)Single, married,	widowed, or divorced	P
male	colored	singl	.e	20. DATE OF DEATHJ
R (b) Name of husband	or wife			21. I CERTIFY that death occ
7. Birth date of deceased (mo., day, y 8. AGE: Years	Months Months	7, 1904 Days If less	give ageyears than one dayhrsmin.	and that I last eaw him Immediate cause of death Exsanguina & crushed
10. Usual occupation	Laborer Continen	tal Milli	ng Co.	Due to Falling train Oue to J
12. Name	Stephen Snowden Unknown		Other conditions(tre	
14. Maiden name 15. Birthplace	Emma Dorsey		(Include p	
≥ 15. Birthplace	Ellicott City, Maryland.			
16. Intermani	Mrs. Emma Snowden Ellicott City, Md.		PHYSICIAN: Please under	
Rumi al	or removal. Which?) Wester		uly 8, 1947 month) (day) (year)	22. VIOLENCE: If death w Accident, suicide, or homicie Where did injury occur?
Location	Catons	ville, Md	v	Injured at home, farm, indus
18. Funeral director	Clint on Easton		Meane of Injury Fell	
	Ellicott City, Md.		10	
19. July 8,	19.47	A Blay	1d Wolfe Registrar	23. SIGNATURE

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:			
State Md . Couet	Howard			
City or town Ellicott City (If outside city or town limits, write RURAL and give nearest town)				
Street No. St. Paul Street				
(lf rural, give L				
2.(a) If veteran, name war	······································			
	3. (b) Social Security Number			
	Unknown			
MEDICAL CE	RTIFICATION			
20. DATE OF DEATH July 5	19.47 about			
21. I CERTIFY that death occurred on the date above				
<u></u>	, 1019			
and that I last eaw him.alDeadJ	uly 5 19 4.7			
Immediate cause of death	OURATION			
Exsanguination, bod	y dismembered a			
& crushed skull	once			
out Falling under B	. & O R. Ry.			
train				
Jue 10./				
4.				
Other conditions (trespasser)				
(Include pregnancy within 3 mo	onths of death)			
Major findings of operations				
	Date of op			
Autopsy results	ch death should be charged statistically.			
22. VIOLENCE: If death was due to external cause				
Accident, sulcide, or homicide. acciden				
Where did injury occur? Ellersli (City or town)	e AlleganyyMd.			
(City or town)	(County) (State)			
injured at home, farm, industry, public place (whe				
Meane of Injury R'ell beneath	whe sides at work?			
10.0	200			
22 CICHATURE W. V. Dem	~9 (N.K).			



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information carefully. The cof death clearly and legibly.

ADING INK. Supply every item of item of Physicians: please write the causes

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	state Maryland county Allegany		
City or town			
How long to above place of death?	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 55 Boone St.		
Allegany County Infirmary	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Amnie E. Sommerkamp	None		
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH July 23., 19 47 at 4A.		
S,(b) Hame of husband or wife Charles Sommerkamp	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
	Tre 1946 10 July 23 1947		
7. Birth date of Manage 30 3 9 70	and that I last saw her alive on select 2/2 1947		
deceased (mo., day, yr.) March 10, 1870	Immediaio cause ol death		
o. Aul.	Tuyocardial failure 6days		
77 4 13hrsmin.			
9. Birthplace	Due to Chronic Tuyo cardit's 8 yrs.		
1D, Usual occupation Housewife	<i>X</i>		
1D. Usual occupation.	Due to.		
11. Industry or business			
12. Name John Cain 13. Birthpiace W. Va.	Other conditions		
13. Birthpiace W. Va.	(Include pregnancy within 3 months of death)		
E 14. Maiden name Chapman			
14. Maiden name Chapman Stringiace Va.	Major findings of operations.		
	Date of op,		
16. informant Mra. Kathryn Wilson	Autopsy results		
Address 55 Boone St. Cumberland, Md.			
Burial Burial Date thereof July 25, 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory. Queens Point Cem.	Where did injury occur?		
Location Keyser, W. Va.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Charles L. George	Meens of injury Injured at work?		
11.404-+1	23. SIGNATURE. Cattour + tould h. P. M. D. or other		
19 Where rec'd by registrar) 19 47 Winter K. Avant M.A.	Address 110 S. Contre (St. Date signed 7-24-47		

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Outside of hindler City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

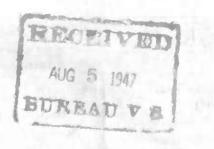
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CLICITICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town Russal Cumbe cland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Cumber Land (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: Th. 3. Cumberland Md How long in hospital or institution?	Street No. R. t. 3 - Valley Road, (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME George Ha Leslie Spie	2 (b) Social Seguity Namber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 5:79 le	MEDICAL CERTIFICATION 20. DATE DF DEATH TO 19 19 19 19 19 19 19 19 19 19 19 19 19
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day O I 25	. Mhorting Ough 3mich
9. Birthplace Cumberland, Allegan, Md. (Town, county, and tate) 10. Usual occupation. In fant.	Due to
12. Name George Spicer 13. Birthplace Rawles burg, W. Vo.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. Hazel Frontz 15. Birthplace Cumberland, Md. 16. Informant. George Spicer	Major findings of operations. Date of op.
Address Rt. 3 Cumberland, Md,	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory Star Peter & Paula Compatery	
18. Funeral director for his first form	Injured at home, tarm, Industry, public place (where?) Means of Injury tnjured at work?
19. July 31, 19 47 Mintes R. Franty M.	S 23. SIGNATURE By M. Dorogher 31/146-

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WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death olears

VS A15 9.45-15M
PLEASE WRITE PLAINLY, is especially



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MARYLAND STATE DEPARTMENT OF HEALTH

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1 DIACE OF DEATH.			2. USUAL RESIDENCE (HOME)	OF DECEASED.
1. PLACE DE CENTH:			(For newborn infants give residence of	of mother)
COMPI	erland, mi		State WEST VIRGINIA C	ouaty MINERAL
(If outside cit		write RURAL and give nearest town)	City or townKEYSER	its, write RURAL and give nearest
How long in above place of death? Hospital, institution, or street ad				
MEMORIAL HOS			Street No	ve LOCATION)
How long in hospital or institution			2.(a) If veteran, name war	***************************************
3. (a) FULL NAME		p. al		3. (b) Social Security Num
MR. IRA THOMA	AS		A ⁻	none
4. Sex 5. Color	r or race 6.	(a)Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION
MALE V	WHITE	MARRIED	2D. DATE DF DEATH JULY 12,194	7 5; IS A.M.
,		3	20) I CERTIFY that death occurred on the date a	
6.(b) Name of husband or wife.	CARRIE (JA	MES) THOMAS	" Lance 21 ,	4) 10 Del 4/2
7. Sirth date of	16475 0/	6.(c) If alive, give age65vea	and that I last saw here on	ilsp 12/
deceased (mo., day, yr.)	MAY 26,	, , ,	Immediate cause of death	
O. AUL.	onths	Days If less than one day		De Vilater
75	CAPATTI	hrş. 2.00 mlı	cardo	
9. Birthplace	H CAROLIN	1	Due to.	cacero o
RI	(Town, count	ty, and state)	andoruge	The same
TU. USUAL OCCUPATION			Due to.	<u> </u>
11. Industry or business HN	C. THOMAS		-	
e o onin	H CAROLII	ik	Other conditions	
E 12. Name NORTH				N D
12. Name NOR TI			(Include prognancy within	3 months of death)
12. NameNORTE 13. Birthplace 14. Malden nameADAJ			(2010	3 months of death) (N
12. Name NORTI			(Include program, within	mound / 10
12. Name			Major findings of operations.	Date of op
12. Name NORTH 13. Birthplace 14. Malden name ADA 15. Birthplace NORTH 16. Informant			Major findings of operations Core	Date of op
12. Name NORTH Language 13. Birthplace NORTH 15. Birthplace NORTH	r CAROLIN V. Di	Wyn-	Major findings of operations.	which death should be charged statis
12. Name NORTH 13. Birthplace 14. Malden name ADA 15. Birthplace NORTH 16. Informant	r CAROLIN V. Di		Major findings of operations Antopsy results	which death should be charged statis
12. Name NORTH 13. Birthplace 14. Malden name ADA 15. Birthplace NORTH 16. Informant Address	r CAROLIN V. Di	Wyn-	Major findings of operations Antopsy results	which death should be charged statis
12. Name NORTH 13. Birthplace 14. Malden name ADA 15. Birthplace NORTH 16. Informant NORTH Address 17. Burial, cremation, opening Cemetery or crematory Comments	r CAROLIN V. Di	Wyn-	Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of	which death should be charged statis causes, fill in the following; Date of
12. Name	r CAROLIN V. Di	Wyn-	Major findings of operations Antopsy results PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	which death should be charged statis causes, fill in the following; Date of
12. Name NORTH 13. Birthplace 14. Malden name ADA 15. Birthplace NORTH 16. Informant NORTH Address 17. Burial, cremation, opening Cemetery or crematory Comments	r CAROLIN V. Di	Wyn-	Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of Accident, suicide, or homicide. Where did injury occur? (City or town injured at home, farm, industry, public place	which death should be charged statis causes, fill in the following; Date of



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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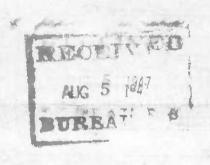
CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County ALLECHANY City or town. CUMBERLAND, MD. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Kospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) W. VA. County HAMPSHIRE City or town ROMNEY (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
MISS ANITA C. TRUMAN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE Single	MEDICAL CERTIFICATION: 06 A.M. 20. DATE OF DEATH. JULY 29, 1947
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
18. Informant Address Rowney W. va 17. Bessias Date thereof fully 31-1947. (Buriat, cremation, or removal, Which?) Cametary or crematory Location Fort Ashby w. va 18. Funeral director Address Rowney, w. va. 19. Lucy 79. 19. 4) Wintley R. Frants, M. Registers	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIBNATURE Date signed 24. 14.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Means of injury Auto. hit

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				
I. I LACE OF DE	ATH:			2. USUAL RESIDEN

City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)			State	
How long in above place of dealh? 45 minutes			City or townCumb	
Hospilal, Instilution, or	street address where t	leath occurred:		631
Allegar	ny Hospit	al	*****************************	
How long In hospital or	r Institution? 45	minutes	***************************************	2.(a) If veteran, name war
3. (a) FULL NAM	E			
Floyd	Tamona W	and anh au	+	
4. Sex	Edward V	6.(a)Single, marrie	d, widowed, or divorced	
	white	ainal		
male	white	singl	е .	20. DATE OF DEATH
6.(b) Name of husband	or wife			21. I CERTIFY that death o
		6 (c) If alive	e, give age	WRITE
7. Birlh date of	v.) July 24	1927	, B	and that I last saw hJ.
deceased (mo., day,) 8. AGE: Years			ss than one day	Immediate cause of deat
0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Fracture
2	0 6	3	hrs	CT GILL GTILG.
C111	har I made			
9. Birthplace	moer yamo	Md.		
	(Town,	eounty, and state)	4	fracture o
9. Birthplace	R (Town,	eounty, and state)	m	fracture o
	Bottle	eounty, and state)	4	fracture o
10. Usual occupation 11. Industry or busines	Bottle	ing fla	nh andubi	fracture o
10. Usual occupation 11. Industry or busines 12. Name	Bottle Starma Ansate	ing fla	4	fracture o comminuted fibulae, du
10. Usual occupation 11. Industry or busines 12. Name	Bottle Starma Ansate	ing fla	nh andubi	fracture of Gonzaminuted fibulae, du Diher conditions. Pun
10. Usual occupation 11. Industry or busines 12. Name	Bottle Starma Ansate	ing fla	nh andubi	fracture of Gomminuted fibulae, du Other conditions Pun (Include Major findings of operations)
10. Usual occupation 11. Industry or busines 12. Name	Bottle	emery and state) mg fls emery dan enery	indular ha	fracture of Gomminuted fibulae, du Other conditions Pun (Include Major findings of operations)
10. Usual occupation 11. Industry or busines 12. Name	Bottle Brister Gnister Gnister Gnister Gnister Gnister	emery and state) mg for s of or s of	indular ha	fracture of Gomminuted fibulae, du Dither conditions Pun (Include Major findings of operations)
10. Usual occupation 11. Industry or busines 12. Name	Bottle	emery and state) mg for s of or s of	indular ha	fracture of Gomminuted fibulae, du Dither conditions Pun (Include Major findings of operation of Physician Physician Physician Physician Physician of Physician Physician Physician of Physician P
10. Usual occupation 11. Industry or busines 12. Name	Bottle Soldranne Gnaste Gnaste Snya Grassine Grassine	emery and state) mg for s of or s of	indular ha	fracture of Gongminuted fibulae, du Diher conditions Pun (Include Major findings of operation PHYSICIAN: Please und 22. VIOLENCE: If death
10. Usual occupation 11. Industry or busines 12. Name	Bottle Saldriania Gniste Gn	eounty, and state) mg fly dan G Ry My Date thereof. Is	anderhone Moleshone (mojh) (day) (year	fracture of Comminuted fibulae, du Dither conditions. P.un (Include Major findings of operation of Physician Physician Physician Physician Physician College of Physician College of Physician College of Physician College of Physician Physician Physician College of Physician College of Physician Physician College of Physics College of Physician College of Physician College of Physician
10. Usual occupation 11. Industry or busines 12. Name	Company of the Compan	energy and state) energy dance broad Date thereof. Is ten to Par	anderhone Moleshone (mojh) (day) (year	fracture of Comminuted fibulae, du Dither conditions. P.un (Include Major findings of operation of Physician Physician Physician Physician Physician College of Physician College of Physician College of Physician College of Physician Physician Physician College of Physician College of Physician Physician College of Physics College of Physician College of Physician College of Physician
10. Usual occupation 11. Industry or busines 12. Name	Company of the Compan	eounty, and state) mg fly dan G Ry My Date thereof. Is	anderhone Moleshone (mojh) (day) (year	fracture of Gomminuted fibulae, du Dither conditions. Pun (Include Major findings of operation of the condition of the cond
10. Usual occupation 11. Industry or busines 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Intermani Address 17 (Burial, cremation Cemetery or crematical contents of the conten	Granus Granus Granus Granus Which?	energy and state) energy dance broad Date thereof. Is ten to Par	anderhone Moleshone (mojh) (day) (year	fracture of Gomminuted fibulae, du Dither conditions. Pun (Include Major findings of operation of the condition of the cond
10. Usual occupation 11. Industry or busines 12. Name	Granus Granus Granus Granus Which?	energy and state) energy dance broad Date thereof. Is ten to Par	anderhone Moleshone (mojh) (day) (year	fracture of Comminuted fibulae, du Dither conditions. Pun (Include Major findings of operation of the conditions of operation of the conditions of the condition of the conditions of the condition of the conditions of the condition of the
10. Usual occupation 11. Industry or busines 12. Name	Granus Granus Granus Granus Which?	energy and state) energy dance broad Date thereof. Is ten to Par	anderhone Moleshone (mojh) (day) (year	fracture of Gomminuted fibulae, du Dither conditions. Pun (Include Major findings of operation of the condition of the cond

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State Md. County Allegany	
City or town Cumberland (If outside city or town limits, write RURAL and give nearest tow	vn)
Sireet No. 631 Henderson Ave (If rural, give LOCATION)	
2.(a) If veleran, name warWorldWar. 2	
3. (b) Social Security Number	
216-22-57 MEDICAL CERTIFICATION	47
MEDICAL CERTIFICATION	./
20. DATE OF DEATH July 27 19.47 214.	
21. I CERTIFY that death occurred on the date above stated; that I altended deceased from	
19 to	.19
and that I last saw h im a Doad July 27 Immediate cause of death Shock	.194.7
Immediate cause of death Shock	URATION
Fracture of the skull, intra- 1	hour
cranial hemorrhage 45	min.
also fracture of lower maxillary fracture of both femurs, compound	
comminuted fracture right tibia &	
fibulae, due to auto.accident.	f
Diher conditions Puncture wound left but too	k.
(Include pregnancy within 3 months of death)	
Major findings of operations.	
Antopsy results	ıtty.
22. VIOLENCE: tf death was due to external causes, fill in the following:	3.5
Accident, suicide, or homicide. Accident Date of 7-27-	47
Where did injury occur? Barrlesville Allegany Route # 36 Sunction, Weight reburg Injured at home, farm, Industry, public place (where?) Mt. Savage R	Md.
Manual Injury Asset on his + mools Injury of all work?	

Injured al work?

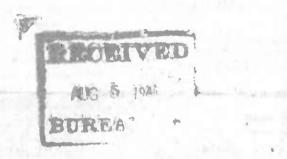
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH BROG. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or institution?	2.(a) If veleran, name war. World war I
3. (a) FULL NAME Alvin Joslin Walters	3. (b) Social Security Number 707-05-7101
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 28 19.47 21 5 32 1
6,(b) Name of husband or wife. Margaret Roberts Walters 7. Birth date of deceased (mo., day, yr.) Deptember 12 1894 8. AGE: Years Months Days If less than one day 52 10 16 hrs. min.	21. LEERTIFY that teach occurred on the date above stated; that fattended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace Christians burg Virginia (Town, county and state) 10. Usual occupation Refired.	Due to Coronary Hurt dissesse 8 year
11. Industry or business 12. Name John William Walter 13. Birthplace Montgomery Co. Va	Diher conditions
14. Malden name Lola Madeira Smith 15. Birthplace Montgomery Co, Va 16. Informant Mrs. A.J. Walters	Major fiediogs of operations
Address (15 Summer St Barlington, Louis 17 Burial (Burial, cremation, or removal, Which?) Cemelery or crematory Memorial Park Cenn.	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address 19. 7 - 28. 1947 Med Madell X. R. 8.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Address Address Address Address Address

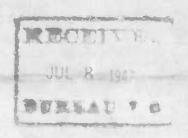


23. SIGNATURE

(State)

Address

(Date rec'd by registrar)



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1.				

E O. Beller	Reg. Diat. No
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: f mother)
State MARYLAND c	ounty ALLEGANY
City or town) its, write RURAL and give nearest town)
Street No. 17 DEXTER P	LACE ve LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	232-05-549
MEDICAL (CERTIFICATION
20. DATE OF DEATH JULY 8.	1,47 , 7:25
21. J GERTIFY that death occurred on the date a	9
Immediate cause of death	
(Adding the State
Due fo	
Other conditions	
(Include pregnancy within	3 months of death)
Major findings of operations	
Antopsy results	
22. VIOLENCE: If death was due to external o	auses, fill in the following;
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town	
Injured at home, farm industry, public place	(where?)

Means of Injury/

WRITI PLEASE

18. Funeral directo

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFIC	CATE OF DEATH	Reg. Diat. No4
How long in above place of death? Hospital, institution, or street address Allegany Hos	d Md. (rurall town limits, write RURAL and give nearest town) where death occurred:	City or townRural.) Cumber (If outside city or town li Street No. R.F.D. #4 Chr (If rural,	County Allegany land Md. imits, write RURAL and give nearest town)
3. (a) FULL NAME	on Willa		3. (b) Social Security Number
Junior Clint	ce 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
7 - 7 - 4	ainala		
male whit	e single	20. DATE OF DEATH JULY 20	19.47 ,a8.20 Pa
7. Birth date of deceased (mo., day. yr.) 8. AGE: Years Months 9. Birthplace	6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months days it less than one day hrs. min 9. Birthplace		e above stated; that I aftended deceased from .19
Address 17	Mergin O. Wills 4, Cumberfavl Md Which?) Bate thereof subg 2-3, 194 (month) (day) (year) Regard Llygan, Cem Man Man Man Man Man Man Man Ma	22. VIOLENCE: If death was due to externa Accident, suicide, or homicidehomi. Whers did injury occur? Tural C (City or tow Injured at home, farm, industry, public place Means officiary Vniopings &	u which death should be charged statistically. I causes, fill in the following; Cide Dale of 7.1936.20/4 umberland Allegany Md wn) (County) (State) e-(where?)home





	2411 N. Charles S	St., Baltimore 830		0
	CERTIFICATE	OF DEATH	1,5681	9
1. PLACE OF DEATH:	2.	. USUAL RESIDENCE (HOME) O		
County Challenger		(For powhorn infants give residence of		
Olfy or town (If output city or town limits, Frite RURA	AL and give nearest town)	late Cou	inly College	Chamber day
How long in above place of death? 50	CI	(If outside city or town limit	s, write RI RAL and give her	arest jown
Hospital, institution, or street address where feath occurred:	of si	treet No. 219 200	de St.	0
019 Mayble S	A	Af rural, give	LOCATION)	
How long in hospital or institution?		.(a) II veteran, name war	***************************************	
3. (a) FULL NAME		2	3. (b) Social Security	Number
- Sarry	Colmes of	Cilores	712 -14.	-161
4. Sex 5. Color or race 6.(a)8/ngle, ma	arried, widowed, or divocaed	MEDICAL CI	ERTIFICATION	
male white my	jarred 20	O. DATE OF DEATH Quely =	20 10.47	al 84
5,(b) Name of husband or wile Dand	Shielause 21	1. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
	alive, give age 40 years	Jan 19.	4) 10 gally	20 19
7. Birth date ot	alive, give age	nd that I last saw h	wly 0 20 /	19
deceased (mo., day, yr.) R AGE: Years Months Days I	if less than one day	mmediajy cause of death	<u> </u>	DURATI
U. A. L	hrsmin.	Gerekeal Se	mors kage	2/2
9. Birthplace Shaff, County, and stage	gury, Ind. Du	ie to analy many	nsion.	6 m
10. Usual occupation.		ie to.		
11. Industry or business	Luiso 60			
12. Name 12. Name 13. Birthplace	Dillow OII	her conditions		*************
2	4 60	(Include pregnancy within 3 r	months of death)	
H 14. Malden name	eny lawsey	sjnr findings al aperations		•••••
E 15. Birthplace Carlottice	go, hyd.		Date of op	
16. Informant Cocial		ntapsy results		
Address 2/9 maple St.	Trolly no has	HYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
17. Burnel Date thereof	1-23-1941	2. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal, Which)	(month) (day) (year) Ac	cident, suicide, or homicide		
Cemetery or crematory	W	here did injury occur?(City or town)	(County)	(State)
Location Tolling		jured at home, farm, industry, public place (wi		
1B. Funeral director	Kafer Mi	eens of Injury	Injured at work?	
Address Factions. In	1.	MAMC	1000	mil
* 10	23	3. SIGNATURE	M. D.	or others
1-22 1047 SILLA NO	ILLEH N. NAP	The state of	Sand / M. D.	1.11



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTI	FIC	TE	OF	DEATH
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B			,
Reg.	Dist.	No.	 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County ALLE CANY	(For newborn infants give residence of mother)	
City or town	State W. VA County Hampshire	
	City or town	
How long in above place of death? 5 Days Hospital, Institution, or street address where death occurred;	(If outside city or town limits, write RURAL and give neares	st town)
MEMORIAL HOSPITAL	Street No.	
	(If rural, give LOCATION)	./
How long in hospital or institution? 5 DAYS	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nu	ımber
DODEDE LA DESCRIPTION	none	
ROBERT LARRY WOLFORD 4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE SINGLE	20. DATE OF DEATH JULY 15 19 4.7 2	8:40AN
	21. I CERTIFY that death ocurred on the date above stated; that lattended decease	d from
6,(b) Name of husband or wife	July 10 1847 10 July 1	5 1943
7. Birth date of		19 47
deceased (mo., day, yr.) une 10, 1947		
8. AGE: Years Months Days It less than one day	Immediate type of death	BUHATION
1 5hrsmin.	Uperatur surce	James
		•
9. Birthplace	Due to Operation pylones	
(Town, county, and state)	1 stongth	7-15-47
1D. Usual occupation	Due to Care enter por lone	
11. Industry or business	1 struoty/s	Theo.
12. Name Charles Wolford West Virginia	Other conditions	
13. Birthplace West Virginia	Diller Collations	***************************************
	(Include pregnancy within 3 months of death)	
14. Malden name LENA WOLFORD	Major fiediogs of operations	
14. Malden name LENA WOLFORD	Date of op.	
16. Interment Memorial Hospital	Actorsy resolts	
Address Cumberland, Nd.		
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereof 7/16/47 (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or cremator Charles Wolford Family Cemetery	Where did Injury occur?	Statel
Vanderlip, W. Va.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Ralph Guthrie	Means of Injury Injured at work?	
	01/1/0	5
Address Rommey, W. Va.	23 SIGNATURE CENTURY T. FORCES CA	Α.
19 July 16, 1947 Wente R. Frank, M.	M. D. or o	
(Date rec'd by registrar)	Address 110 S. Centre St. Date signed 7.	16-4/





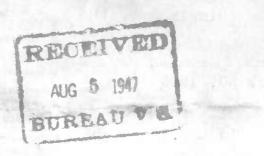
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DE			2. USUAL RESIDENCE (HOMI	E) OF DECEASED:	
County	Allega	ny	(For newborn infants give residen		
City or lown	Cumberla	mits, write RURAL and give nearest town)	State Mary Land	County Allegany	
			City or town Frost	burg limits, write RURAL and give nearest town)	
How long in above place	e of death? r street address where	death accurate	(If outside city or town	limits, write RURAL and give nearest town)	
		Iospital	Street No.		
	r Institution? 14	Weeks	14	, give LOCATION)	
How long in hospital o	r Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	E		3. (b) Social Security Number		
	RUTH	I E. YATES		none	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
Female	Whi te	Single	20. DATE OF DEATH Cheese	3/ 1547 , 21/1.	
The second second			21. I CERTIFY that doubt occurred on the da	ate above stated: That I attended deceased from	
6.(b) Name of husband	or wife			18 47 10 hely 31 19 July 31 19	
7 Dieth date of			and that I lack saw he sally a	July (3/1)	
deceased (mo., day.	yr.) Marc	h 20, 1868			
8. AGE: Year	s Months	Days If less than one day	Immediate cause of death death was	16.00.00	
7	9 4	11hrsmin.	1/	belativals	
9. Birthplace Morantown, Allegany, Maryland (Town, county, and state) 10. Usual occupation			Due to. Due to.	vermuni 3h	
12. Name Benjamin Yates 13. Birthplace Wales			Dither conditions fractions **Transfer of the conditions of the c	s tops to get	
			(Include pregnancy vith	hin 3 months of death)	
14. Malden name 15. Birthplace	19		Major fiediogs of operations	The man	
M	rs. Alber	t Lewis	Aotopsy results.	Dat Oot op Way 1011	
13				to which death should be charged statistically.	
Address			22. VIOLENCE: If death was due to extern	nal causes, fill in the following:	
17 Buria	n, or removal. Which?	Date Ihereof August 3 147	Accident, suicide, or homicide	relent Date of 5/9/4	
(Burial, cremation	Allas	any Cemetery	Where did Injury accur?	Olly C. And own) (Copylty) (State)	
			(City or to	own) (Consty) (State)	
Location Frostburg, Md.			Injured at home, farm, industry, public pla	ce (where?)	
18. Funeral director	J. R.	Durst,	Means of injury Jell dawn	Slaure Injured at work?	
Address Frostburg, Md.			711, 1057	n faw & zu. D	
19 duy.	/1947	Unite R trant M.	5 Washington	m & M. D. or other Dale signed Aug	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

/	Keg. Diat. No.
1. PLACE OF DEATH: County ALLEGHANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. CUMBERIAND, MD. (If ontside city or town limits, write RURAL and give nearest town)	State MARYLAND County ALLEGHANY City or town CUMBERIAND (1f outside city or town limits, write RURAL and give nearest town) 1038 MYRTLE STREET
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution?	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) tf veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
YOUNG BABY GTRI. 4. Sex 5. Color, or race 6.(a) Singly married, widowed, or divorced	A MEDICAL CERTIFICATION HA
FEMALE WHITE Single	20. DATE OF DEATH July 26 1947 at /
6.(b) Nama of husband or wife	21. I CENTIFY that death occurred or that data above attends that attempted deceased from
7. Birth date of	and that last and hat allye on July 17 th 19.
deceased (mo., day, yr.) JULY T2 1917	Immediate cause of death A DURAT
8. AGE: Years Months Days If less than one day	Collabora lung
Ili DAYS	n. tt
9. Birtholace MARYLAND, Cumperland, alleg. Co	Due to.
9. Sirihplace	
10. Usual occupation	Due to
11. Industry or husiness	
E 12. Hame YOUNG, HARRY	
13. Birthplace MD.	(Include pregnancy within 3 months of death)
14. Maiden name ROBERTSON, L. LAVONNE	Major fiadings of operations.
14. Maiden name ROBERTSON, 16. DA VOINTE	Date of op.
16. Informant Memorial Hospital	Antoney yearlife
Address Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
11. Burial Oate thereof 7/28/47 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Hill Crest Cemetery	Where did Injury occur?
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Maena of injury Injured at work?
	1) P Shove M. !!
Address Cumberland Md.	7 24 SIGNAPHIE M. D. OLOVIET
19 July 28 18 47 Westles K. Nauta,	rar Address Date signed 7/3

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